

# SHAMROCK 5K & KIDS RUN



## MARCH 8, 2026



### WATERWORTH MEMORIAL PARK



**Shamrock Run 5K**

**Location:** Waterworth Memorial Park

**Address:** 700 Sunset Blvd., Salem, Ohio 44460

**5K:** \$30 (through Feb. 8<sup>th</sup>), \$35 (Feb. 9<sup>th</sup>-28<sup>th</sup>), \$40 (after March 1<sup>st</sup>).

**Kids Run:** \$15 (optional shirt is \$10, additionally)

**Start Time:** Kids Run (9:30am), 5K (10:00am)

**Course:** Chip timed by GCXC Racing, park/residential route.

**Packet Pick-Up:** Race day - beginning at 8:30am.

**5K Awards:** Shamrock Socks for top 3 overall men/women.

**Shamrock Socks for Top 3 males and females in age groups:**  
(10 & Under, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & Up)



\*Please Make All Checks Payable To: GCXC Racing , Mail Entries To: PO BOX 557, Columbiana, Ohio 44408\*

NAME: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_ SEX: M F

EVENT: 5K KIDS RUN SHIRT SIZE: Youth S M L Adult S M L XL 2XL

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Race Waiver for Above Specified Event

I know that running a road race is a potentially hazardous activity which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, in good health, and properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather including cold temperatures, rain, snow, slick surfaces, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or blades, animals, and headsets of any type are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release, the race timers and directors, and its counterparts, the City of Salem, Waterworth Memorial Park, Salem Police Department, Salem Community Center, Lieke Wein, GCXC Racing - Youngstown, all sponsors, their representatives, employees, and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the afore mentioned parties to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Parent or Guardian must sign for participants under 18 years of age.\***