



HOSTED BY SOPCHAK NATURAL HEALTH & WELLNESS CENTER
PROCEEDS BENEFIT CAMP SUE OSBORN

SUNDAY, JULY 26, 2026 • 8:30AM

REGISTRATION INCLUDES:

T-SHIRT & MEDAL (first 150 registered) • GOODIE BAG • SNOW CONES

Please print legibly and complete the entire entry form. More than one entry may be mailed together with the appropriate fees. Please make all checks and money orders payable to "Sopchak 5K."

First & Last Name: _____

Age on Race Day: _____ Date of Birth: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

T-Shirt Size (shirts only guaranteed for first 150 registrants): Adult S Adult M Adult L Adult XL

Please select either the 5k or 1 mile run: 5k Run 1 mile Walk

Please select whether you will be a hero or villain: SuperHero SuperVillian

5K Run Entry Fee | Early Registration: \$35 from 3/25 - 4/25 | \$40 from 4/26 - 7/23 | \$45 from 7/24 - 7/26

Registration begins at 7:00 AM race begins at 8:30 AM.
Snow cones will be offered after the race for all participants.

The option of pre-race packet pick up will be available on
7/24 from 7:30AM - 1PM at our office.

Race Waiver: I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive, and forever discharge Sopchak Natural Health and Wellness Center, the City of Painesville and Concord Twp., and any/all other supporting groups of this said racing event, together with all their officers, agents, officials, and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of, or relating to any injury, illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. In addition, I agree that my participation in this event requires that I will not participate with rollerblades, skateboards, or anything which the race director deems dangerous to myself or other participants and that the race director may remove me from this event for a violation of said policy. I further grant permission to this race and the organization conducting the race and/or agents authorized by them to use any photographs, videotapes, motion picture recordings, and any other record of this event for any purpose. I also agree that all entry fees are non-refundable and that this entry is non-transferable. Thank you for participating.



Signature: _____ Date: _____

Parent/Guardian Signature, if under age 18: _____

SEND COMPLETED ENTRY FORMS TO:

Sopchak Natural Health and Wellness Center • 7555 Fredle Drive Suite 230 • Concord Twp., OH 44077

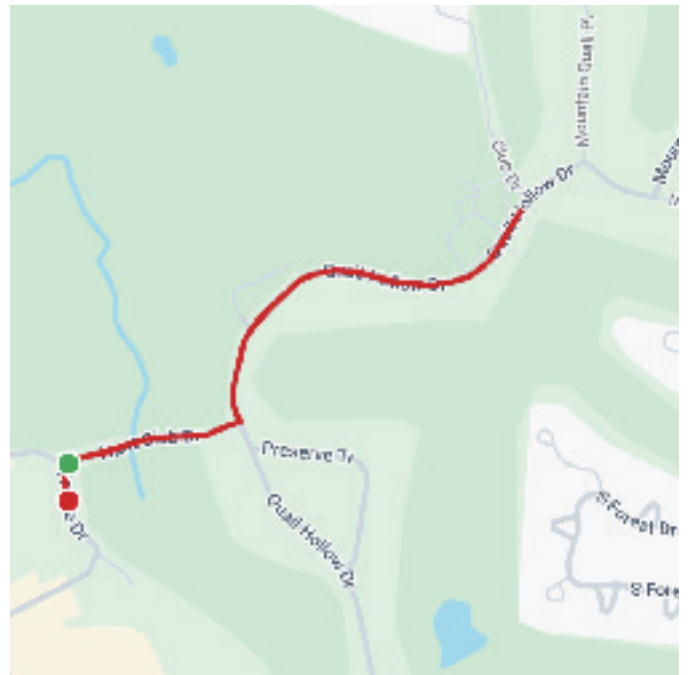
THANK YOU SPONSORS

2026 RACE MAP

5K RUN



1 MILE WALK



Elevation

Start **935 ft** Max **1,007 ft** Gain **138 ft**

