



# Saturday, April 27th At Brethren Care Village Park

**Time:** Registration 9am / Race Start 10am

**Entry Fee:** Before March 30th \$25; After March 30th \$35 ; Students 18 & Younger before March 30th \$15; After March 30th \$20

**Pre-Registration:** Mail or Walk-In at The Wellness Community Center

**Online Registration:** <https://runsignup.com>

**Categories:** 14 & Under; 15-19; 20-29; 30-39; 40-49; 50-59; 60+

**Awards:** 1st Overall; 1st Male & Female in each age category

**\*You must register before April 10th to receive a free t-shirt\***

Complementary On Course Water Stations & After Race Light Snacks Provided

For More Information Please Contact Kyleah Galbraith at 419.289.1585 ext. 461

---

## OFFICIAL ENTRY FORM – STEP UP 5K Run/1K Walk

Rain/snow or shine/non-refundable - April 27th

Entry form must be signed & Returned To The Wellness Community Center

**Make all checks payable to:** Brethren Care Foundation, 2140 Center St., Ashland, OH 44805

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Sex:** \_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Race Day Age:** \_\_\_\_

**RELEASE:** I know that running a road race is potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I agree to abide by any race official relative to my ability to safely complete the run. I assume all risks associated with running this even including but not limited to; falls, contact with other participants, the affect of the weather, including low or high temperatures, humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I myself and anyone entitled to act on my behalf waive and release Brethren Care Village, its officers, members, race volunteers, the City of Ashland OH and its departments and employees and all sponsors, their representatives, employees and successors from any and all claims and labilities of any kind arising out of my participation in this event or carelessness of the persons named in this waiver.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent / Guardian