

SCOTT MCDOWELL RIVER RUN

5K Run/Walk/Kids Fun Run to benefit the Boys & Girls Clubs of Greater Cincinnati Clermont County Clubs

Saturday, August 18, 2018 9:00 a.m.

New Richmond, OH



5K Run/Walk/Kids Fun Run to benefit the Boys & Girls Clubs of Cincinnati/Clermont County



Course: Start/finish at the Market Street School Building in New Richmond. Course is fast and flat.

Chip Timed: Race will be professionally chip timed by Running Time Race Services.

Run Divisions: 10/under, 11-14, 15-29, 20-29, 30-39, 40-49, 50-59, 60-69 70/over.

Walk Divisions: 29/under, 30-39, 40-49, 50-59, 60-69 and 70/over.

Awards: Top male and female runners and walkers. Age group awards to top two male and female runners and walkers in each division. Awards presented immediately following the race/walk.

Continental Breakfast and Awards Ceremony following the race.

Registration Fee: \$20 or \$25 on race day. Add \$10 for optional t-shirt.

Kids 11 and under: \$10 advance registration. \$15 on race day

T-Shirts: T-shirts are optional and are \$10 each while supplies last.

Online-registration is available through Friday, 8/17/18. **Mailed entries** must be postmarked by Monday, 8/13/18.

Race-Day Registration/Number Pickup: From 7:30 - 8:45 am at the Market Street School Building.

Address: Located at: 212 Market Street, New Richmond, OH 45157 .



Contact Terri Lessnau at 513.421.8909 ext 22 or Greg McCormick at 513.652.6225
For complete information, course map, directions, on-line registration and results, visit:

RunningTime.net

SCOTT MCDOWELL RIVER RUN OFFICIAL ENTRY FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ @ _____ Phone: _____

Age (on race day): _____ Sex: **M F** Race: **Run Walk** T-Shirt: **S M L XL XXL**

WAIVER: In consideration of the acceptance of my entry, I hereby waive, discharge and release on behalf of myself, my heirs, executors and assigns, all claims of any nature, including but not limited to damages, demands, actions, whatsoever in any manner, arising from my participation in the Scott McDowell 5K, and do hereby release The Boys & Girls Clubs of Greater Cincinnati, the Village of New Richmond, the race director, Running Time, LLC, coordinators, staff, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I attest and verify that I understand the risks involved in such a run/walk, and that I am physically fit and have trained adequately in preparation and I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses. I HAVE NOTED ANY MEDICAL CONDITION on this form. I permit the use of my name and picture participating in this event for publicity.

Relevant medical conditions _____

Signature _____ Date _____

Parent's signature (for entrants under age 18) _____ Date _____

In case of medical emergency, contact: _____ Phone (____) _____ or put "at race"

Make Checks Payable and mail To: Boys & Girls Clubs Greater Cincinnati **Mail to:** 600 Dalton Avenue, Cincinnati, OH 45203