



The Messina Family · Carl F. Hughes · Diana Kuiper and Don Bacharowski
Dave and Stephanie Earnest · The Mark Reichard Family
The Urbas Family RN's · The Musca Family Charitable Fund

Proceeds to benefit: The Alice Flaherty Excellence in Nursing Scholarship Fund, Inc.

Place:

Cleveland Metroparks, Edgewater Park
Lakefront Reservation
6500 Cleveland Memorial Shoreway
Cleveland, OH 44113

Distance:

5K (3.1 miles) Run/Walk
1 mile Run/Walk

Date:

Sunday, Sept 25, 2022

Time:

7:15am-8:15am: same day registration
& packet pick-up
8:30am: 5K & 1 Mile Races (Run & Walk)

What You Get:

- Custom t-shirt to pre-registered participants by 9-21-22
- B-Tag Chip timing
- Post-race food & refreshments
- Door Prizes
- Nurse Recognition for all nurses present at the race

Entry Fees:

Pre-Registration: 5K & 1 mile: \$25.00
Race Day Registration: 5K/1 mile: \$30.00
Family: \$70.00 (max 4 members, mail-in only)

Awards:

Top male and female finisher and the top 3 finishers both male and female in the following age categories:
(10 & Under)(11-14)(15-19)(20-24)(25-29)(30-34)(35-39)(40-44)(45-49)(50-54)(55-59)(60-64)(65-69)(70+)

Name: _____ Email: _____

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

Phone () _____ Male: ____ Female: ____ DOB: ____/____/____ Age on Race Day: _____

Check here if you are an RN LPN APN Student Nurse

Name of Hospital if a Nurse _____ Name of School if a student _____

T-shirt size (circle one): YS YM S M L XL XXL XXXL (Unisex Sizes)

Event: 1 Mile Run/Walk: ____ 5K (chip timed): ____

Online pre-registration will close at 9:00 am Friday, 9-23-22. (T-shirt deadline, Wed 9-21-22)

Mail-in registrations must be received by Wednesday, 9-21-22

Make checks payable to: HERMES SPORTS & EVENTS,

mail-in forms to: 2425 West 11th St., Suite #2 Cleveland, OH. 44113

For more information call 216.623.9933 or visit www.hermescleveland.com

In consideration of your acceptance of this entry, I hereby, for myself, heirs, executors and administrators, waive, release and discharge Hermes Sports & Events, Cleveland Metroparks, and all sponsors of the Love A Nurse RuN, including any representative or employee of, from any and all claims, demands or causes of action I may have resulting from or arising out of my participation of this event. I agree to hold all of the above mentioned harmless for any injury suffered in connection with this race. I acknowledge the awareness and assumption of responsibility for the risks involved in participation and I understand the terms of this release. I also attest I am physically fit and have sufficiently trained to compete in this event. I give my full permission to Hermes and their sponsors and corporate partners to use any photographs, videotapes, audiotapes or other recordings that are made during the course of this event.

Signature: _____

For general questions or to become a sponsor email loveanurserun@gmail.com

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