



Cleveland Clinic
The Stanley Shalom Zielony Institute
for Nursing Excellence

**The Hancock
Family**
Carl F. Hughes

The Messina Family · The Musca Family Charitable Fund

The Mark Reichard Family · The Urbas Family RN's

Diana Kuiper · Don Bacharowski

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

DATE:

Sunday, September 21, 2025

TIME:

7:15am-8:15am: same day registration
& packet pick-up

8:30am: 5K & 1 Mile Races (Run & Walk)

DISTANCE:

5K (3.1 miles) Run/Walk

1 mile Run/Walk

WHAT YOU GET:

- Custom T-Shirt to Pre-registered Participants by 9-17-25
- 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: _____

Event: 1 Mile Run/Walk: _____ 5K (chip timed): _____ T-shirt size (circle one): YS YM S M L XL XXL XXXL (Unisex Size)

T-shirt deadline registration: Wed 9-17-25 · Mail-in registrations must be received by Wednesday, 9-17-25

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: _____ Date: _____

For general questions or to become a sponsor email loveanurserun@gmail.com | Follow us on facebook at <https://www.facebook.com/loveanurserun/>

