



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

**DISTANCE:**

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

**DATE:**

Sunday, September 20, 2026

**WHAT YOU GET:**

- Custom T-Shirt to Pre-registered Participants by 9-16-26
- B-Tag Chip Timing
- Post-race Food & Refreshments
- Door Prizes
- Nurse Recognition for All Nurses Present at the Race

**TIME:**

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

**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)(70-74)(75+)

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 9-16-26 · Mail-in registrations must be received by Wednesday, 9-16-26

**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](http://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: \_\_\_\_\_

