

Registration Form – Teal Power 5K Run & Walk



Make checks payable to: OCAGC
Mail Checks and Forms to:
OCAGC, PO Box 42277, Blue Ash, Ohio 45242

Name 1 (Print) _____ Are you a survivor? (Y/N) _____ Running or Walking? _____

Age & Sex (M/F) _____ T-shirt size: 3XL 2XL XL LG M S YL YM YS

Address _____ Email Address _____

City / State / Zip _____ Phone _____

Team Leader (if applicable) _____ Name of team (if applicable) _____

Register Additional People: (add email, if different from above)

Name 2 (Print) _____ Are you a survivor? (Y/N) _____ Running or Walking? _____

Age & Sex (M/F) _____ T-shirt size: _____ Email Address: _____

Name 3 (Print) _____ Are you a survivor? (Y/N) _____ Running or Walking? _____

Age & Sex (M/F) _____ T-shirt size: _____ Email Address: _____

Name 4 (Print) _____ Are you a survivor? (Y/N) _____ Running or Walking? _____

Age & Sex (M/F) _____ T-shirt size: _____ Email Address: _____

Name 5 (Print) _____ Are you a survivor? (Y/N) _____ Running or Walking? _____

Age & Sex (M/F) _____ T-shirt size: _____ Email Address: _____

Name 6 (Print) _____ Are you a survivor? (Y/N) _____ Running or Walking? _____

Age & Sex (M/F) _____ T-shirt size: _____ Email Address: _____

Waiver and Disclaimers

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 Teal Power 5K Run/Walk for Ovarian Cancer Awareness and do hereby release the Ovarian Cancer Alliance of Greater Cincinnati, coordinators, staff, sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the 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 permit the use of my name and picture participating in this event for publicity.

Signature If under 18, signature of Parent or Guardian is needed

Date

Entry Fee

Entry	Fee	x Number	Total \$
Adult	\$35		
Child (6 yrs to 12)	\$15		
Survivor	Free		
Honor Sign	\$30		
Extra Donation			
Total Payment	\$		

Name to be placed on **Honor Sign**:

Additional Donation, **In Honor of** : _____

For more information: 513-898-1009
Race site: www.runsignup.com/tealpowers5K
www.tealpower.org