Saturday, July 25, 2026
Cambridge City Park
Pavilions #1 & #2
(Corner 8th Street and Edgeworth Ave)
Registration begins at 7 AM
Event starts at 8 AM
All proceeds benefit patient care & bereavement services

Entry Fees:(No Refunds)

Pre-registrations received on/before July 2nd guarantees t-shirt.

10k run - $30 race day- **$40**

5k run/walk or 1 mile walk - $25 adult, $20 children 12 and under race day - **$35**

Last Name First Name Age(required) Male or Female

Address City State Zip

Phone # Emergency Contact Name & Phone # (required)

Shirt Sizes: Adult S M L XL XXL Kids XS S M L XL (circle)

Business/Team/School/Group Name:_____

Distance: ____10K run____5K run ____5K walk ____1 mile walk (not included in timing system)

Waiver:
The undersigned ("ATHLETE") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever release, waives, discharges and covenants not to sue any municipal agencies whose property and/or personnel are used, and all other sponsoring or co-sponsoring companies or individuals related to the Flamingo Run (collectively "RELEASES") from all liability to the Athlete and his/her personal representatives, assigns, heirs, and executors, for all loss(es) or damages(s) and any and all claims or demands therefore, on account of inquiry to the Athlete or property or resulting in the death of an Athlete, whether caused by the active or passive negligence of all or any of the Releases or otherwise, in connection with the Athlete's participation in the Flamingo Run. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Flamingo Run. The Athlete is fully aware of the risks and hazards inherent in participating in the Flamingo Run, and hereby elects to voluntarily compete in the Flamingo Run, knowing the risks associated with the Flamingo Run. The Athlete hereby assumes all risk of loss(es), damages(s), or injury(s) that may be sustained by him/her while participating in the Flamingo Run. The Athlete agrees to the use of his/her name and photographs in broadcasts, newspapers, brochures and other media WITHOUT ATHLETE permission or compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete hereby consents to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event.

Signature Date

Guardian Signature (if under 18 years of age) Date

Make Checks payable to: Hospice of Guernsey, Inc.

Mail to: Hospice of Guernsey Inc. PO Box 1165 Cambridge, Ohio 43725

Register and pay online at www.runsignup.com/Race/OH/Cambridge/HospiceofGuernseyFlamingoRun

Early race packet pick up: July 22 & 23 @ Hospice office from 9:30 am - 4:00 pm

For info: 740-432-7440 or publicrelations@hospiceofguernsey.com

I would like to make a tax deductible donation in the amount of $_____