

5th Annual Shine On Corynna 5K Run/ Walk

Glow In The Dark Run/Walk and Family Event * Saturday October 6, 2018

Why This Event is Important: This event is to honor the life of Corynna Strawser who passed away from Mitochondrial Disease. Shine On Corynna Inc. is a 501c3 nonprofit organization established to carry on Corynna's legacy of raising awareness of Mitochondrial Disease and giving back to her community. The proceeds of the event will allow Corynna's legacy to Shine On,

Location: Darke County Fairgrounds located at 800 Sweitzer St. Greenville, Ohio.



Run Info: 5K Run/Walk will take place at 7:45pm at dark. Registration at day of event will be available starting at 4:30pm until 7:30pm. Timing by Good Time Races. Overall awards given to top three male and female and in each age group. Age group as follows: 10 and under, 11- 14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over. Top 3 teams will be recognized during the awards ceremony.

Event Info: Event will start at 4:30pm and will include games, DJ, door prizes, raffle, and much more! Romer's Chicken Dinner's will be available for purchase prior to event. Check out our Facebook page Shine On Corynna email shineoncorynna@gmail.com or 937-423-1794 for information. Free Kids run prior to 5K.

Registration: Registration is \$20.00 and includes one t-shirt (\$2.00 extra for 2XL or larger) \$5.00 Registration 14 and under without shirt. Registration deadline for guaranteed t-shirt 9/24/2018. Registration after 9/24/2018 t-shirt not guaranteed. **Online Registration:** www.goodtimesraces.com.

ONE PARTICIPANT PER FORM : Shine On Corynna 5K Run/ Walk

PLEASE PRINT CLEARLY

NAME _____ DOB ____/____/____ AGE AS OF 12/31/17 _____ SEX M F
ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____
EMAIL _____ (registration confirmation sent to email)

T-SHIRT SIZE (CIRCLE ONE) ADULT~ S M L XL XXL (\$2.00 for XXL or larger) OR YOUTH~ S M L XL Emergency Contact Name _____

EXTRA SHIRTS \$10.00 each QTY _____ SIZE of extra shirts _____ Emergency Contact # _____

REGISTER BY SEPTEMBER 24, 2018 INCLUDES T-SHIRT \$20.00 5K RUN/ WALK _____ Total Amount \$ _____

REGISTER BY SEPTEMBER 24, 2018 14 AND UNDER WITHOUT SHIRT \$5.00 5K RUN/WALK _____ Total Amount \$ _____

I AM UNABLE TO PARTICIPATE, BUT PLEASE ACCEPT MY ENCLOSED DONATION OF \$ _____ Team Name _____

WAIVER: In consideration of your acceptance of my race entry in the Shine On Corynna's 5K Run/ Walk, I am intending to be legally bound for myself, my heirs, executors, and administrators, and do hereby release and discharge Shine On Corynna Inc., Darke County Wellness Challenge, sponsors, and any volunteers and organizers from any and all liability or obligation to me. I also understand and agree that the event may subsequently use for publicity and/ or promotional purposes my name or picture of me participating in this event without any liability or obligation to me. I have read the entry form and all information contained within the event brochure provided and certify compliance by my signature. I also agree that my entry fees, once paid, are non-refundable. I have read and agree to the terms of the waiver on this form.

Remit signed entry forms and checks to: Shine on Corynna

(Signature of participant, parent/ guardian if under 18 years old)

Kristi Strawser
737 Magnolia Dr.
Greenville, OH 45331

