

RCGC HEAT BLISTER MILE

Sunday July 16, 2017 10:00 AM

Summit Park, Blue Ash OH



- **COURSE:** 1 Mile Run on the Taxi runway of the old Blue Ash Airport at Summit Park.
- **AWARDS:** Top Male Overall and Female runners. Top Male and Female in the following Age Groups Runners: 12/under, 13-18, 19-29, 30-39, 40-49, 50-59, 60 & over.
- **PRE-REGISTRATION:** \$10.00 – General Public, \$5.00 RCGC Members / 21 & Under. Mail in-entries must be postmarked by Tuesday, July 11, 2017. Online registration available through Thursday July 13, 2017 at www.cincinnatiirunning.com.
- **RACE DAY REGISTRATION:** \$15.00 – General Public. \$10.00 - RCGC Members / 21 & Under. Opens 9:00 AM at Summit Park in Blue Ash OH.
- **INFORMATION:** Visit www.cincinnatiirunning.com or call the club hotline at 513.594.8203.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Age (as of race date): _____ Sex: _____

Pre-Registration:

____ \$5 RCGC Members / 21 & Under

____ \$10 General Public

Race Day Registration:

____ \$10 RCGC Members/ 21 & Under

____ \$15 General Public

____ \$35 - Run + 1 yr. RCGC Single Membership

____ \$50 - Run + 1 yr. RCGC Family Membership

Make Checks Payable to: **Runners' Club of Greater Cincinnati**
PO Box 8761
Cincinnati, OH 45208
Attn: Heat Blister Mile

On behalf of myself, my heirs, executors, estate, successors, and assigns, I hereby release the Runners' Club of Greater Cincinnati, Road Runners' Club of America, City of Blue Ash, club and all race sponsors, affiliates, managers, coordinating groups, volunteers and all other individuals, groups, and entities associated with this event, as well as their affiliates, agents, employers, directors, officers, and members, from all claims which may arise from or as a result of my participation in the Heat Blister Mile. In consideration of the acceptance of my entry and my participation in this event, I understand and agree that I give this release to the full extent permitted. I certify that I am physically fit and able to participate in this event, and agree to assume all risks of my participation. I understand and agree that my name and picture or photograph of my participation in this event may be used for results and publicity purposes. I have noted any medical condition on the back of this form.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian, if Under 18: _____ Date: _____

Emergency Contact: _____ Phone Number: _____