



# RCGC HEAT BLISTER MILE

## Sunday July 17, 2016 10:00 AM

### Summit Park, Blue Ash OH

- **COURSE:** Out and back 1 Mile Run on the Taxi runway of the former Blue Ash Airport in Summit Park.
- **AWARDS:** Top Male Overall and Female runners. Top Male and Female Runners in the following Age Groups: 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 Monday, July 11, 2016. Online registration available through Wednesday July 13, 2016 at [www.cincinnatirunning.com](http://www.cincinnatirunning.com).
- **RACE DAY REGISTRATION:** \$15.00 – General Public. \$10.00 - RCGC Members / 21 & Under. Opens at 9:00 AM at Summit Park in Blue Ash OH.
- **INFORMATION:** Visit [www.cincinnatirunning.com](http://www.cincinnatirunning.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: \_\_\_\_\_