



# ANGEL RUN 5K

## NORTH STAR, OHIO

*The 20<sup>th</sup> annual Angel Run 5k...remembering all lost loved ones.*

**Sunday, July 16, 2017 - 9:00 AM | Fireman's & American Legion Picnic, North Star, Ohio**

**RACE LOCATION AND TIMES** Starts and finishes at the North Star Park, east of town (in North Star, Ohio)  
Pre-registration due by July 7, 2017

Race day registration begins at 7:30 a.m.

Fun Run for children begins at 8:45 a.m.

**PRE-ENTRY FEES** \$16.00 All Ages WITH shirt  
(by July 7) \$ 9.00 Ages 15 to 64 WITHOUT shirt  
\$ 5.00 Ages 14 & under / 65 & older WITHOUT shirt  
\$ 1.00 Fun Run

**DAY OF RACE FEES** \$20.00 All Ages WITH shirt – (limited supply)  
(after July 7) \$12.00 Ages 15 to 64 WITHOUT shirt  
\$ 5.00 Ages 14 & under / 65 & older WITHOUT shirt  
\$ 1.00 Fun Run  
\$11.00 Shirt only – no race

*Now part of the Darke County Wellness series!*



Make checks payable and mail entries by July 7, 2017 to: The Angel Run, P.O. Box 124, Osgood, OH 45351

**WEBSITES:** Website: [AngelRun5k.com](http://AngelRun5k.com) | Online registration at: [DarkeCountyWellnessChallenge.com](http://DarkeCountyWellnessChallenge.com)

**RESULTS** See website after race

**AWARDS** Plaques for the top 3 male overall, top 3 female overall and medals for top 3 in each age category

**COURSE** Flat, scenic course – times each mile, water stops (down & back course)

**DOOR PRIZES** Many door prizes donated by generous sponsors. ***Must be present to win.***

**AGAIN IN 2014:** Electronic Chip Timing! See website for more information and course map.

**RACE DIRECTOR** The Topp Family - (419) 336-6295 or (419) 582-4013 or angelrun5k@hotmail.com

**AGE GROUPS**

10 and under	19 – 24	35 – 39	50 – 54	65 – 69
11 – 14	25 – 29	40 – 44	55 – 59	70 and over
15 – 18	30 – 34	45 – 49	60 – 64	

**PROCEEDS TO A \$750 ANGEL RUN SCHOLARSHIP, NORTH STAR FIRE DEPARTMENT & NORTH STAR AMERICAN LEGION**

..... **THE ANGEL RUN 5K RUN/WALK – JULY 16, 2017 AT 9:00 AM** .....  
**ENTRY FORM AND WAIVER OF LIABILITY (Must be signed to participate)**

AGE AS OF DEC 31, 2017 \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ SEX: M F

TEAM CHALLENGE NAME (optional) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SHIRT SIZE (please circle)**  
ADULT S M L XL XXL  
YOUTH S M L  
AMOUNT ENCLOSED \_\_\_\_\_

WAIVER: In consideration of my entry in The Angel Run 5K, I am intending to be legally bound for myself, my heirs, executors, and administrators, and do hereby WAIVE, RELEASE, AND DISCHARGE The Angel Run, Darke County Wellness Challenge, organizers, volunteers, and sponsors; as well as their respective agents, parent subsidiaries, affiliates, successors and assigns; from ANY and ALL liability, all claims and damages, demands, actions whatsoever in any manner arising or growing out of my participation in this event. I also understand and agree that the event may subsequently use for publicity and/or promotional purposes my name, photographs, video or other records of me participating in this event without liability or obligation to me. I have read the entry form and certify compliance by my signature. REFUND: I also agree that my entry fees, once paid, are non-refundable. I have read the entry form and certify compliance by my signature.

PARTICIPANT SIGNATURE AND PARENT/GUARDIAN IF UNDER AGE 18 \_\_\_\_\_

DATE \_\_\_\_\_