

# RCGC FREEZE YOUR TAIL OFF MILE

## Sunday February 26, 2017 1:00 PM

### Summit Park Blue Ash OH



Scan to register

- **COURSE:** 1 Mile Run on the Taxi runway of the former Blue Ash Airport at Summit Park.
- **AWARDS:** Top Male Overall and Female runners. Top Male and Female 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. T-Shirts: \$8.00. Mail in-entries must be postmarked by Tuesday, February 21, 2017. Online registration available through Wednesday February 22, 2017 at [www.rcgc.net](http://www.rcgc.net).
- **RACE DAY REGISTRATION:** \$15.00 – General Public. \$10.00 - RCGC Members / 21 & Under. Opens at noon at Summit Park in Blue Ash OH. T-Shirts: \$10.00.
- **INFORMATION:** Visit [www.rcgc.net](http://www.rcgc.net) or call the club hotline at 513.594.8203.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Age (as of 2/26/17): \_\_\_\_\_ Sex: \_\_\_\_\_

Pre-Registration:

\_\_\_\_ \$10 General Public

\_\_\_\_ \$5 RCGC Members / 21 & Under

Race Day Registration:

\_\_\_\_ \$15 General Public

\_\_\_\_ \$10 RCGC Members/ 21 & Under

Make Checks Payable to:

**Runners' Club of Greater Cincinnati**  
**PO Box 8761**  
**Cincinnati OH 45208**  
**Attn: FYOTOM**

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 Freeze Your Tail Off 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: \_\_\_\_\_