



HYDE5 RUN
ST. MARY HYDE PARK
 AUGUST 17, 2017



Saturday, August 17, 2017 6:30 p.m.-
Hyde Park, OH
5K Run/Walk and One-mile Kids Fun Run

Course: Start/finish in front of St. Mary Parish. Two loop course is flat and fast.

Chip Timed: Race will be professionally chip timed by Running Time Race Services.

Race Divisions: 14 /under, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60/over.

Awards: Top male and female runners and walkers. Age group awards to Top male and female runners and in each division. Awards presented immediately following the race/walk.

Kids Fun Run: One Mile fun run for kids 6-13. Starts at 6:10 pm

Post Race activities: Finish line party and Awards Ceremony following the race on the festival grounds.

Registration Fee: \$20 or \$25 on race day. Add \$5for optional T-shirt. Kids under 14 get a \$5 discount.

Early Bird Discount: Register by June 30, 2017 and receive an extra \$5 discount.

T-Shirts: T-shirts are optional and are \$5 each while supplies last.

Online registration is available through Thursday, 8/15/17. **Mailed entries** must be postmarked by Friday, 8/11/17.

Race-Day Registration/Number Pickup: From 5:00 - 6:15 pm at the venue.

Address: St. Mary is located at 2853 Erie Ave, Cincinnati, OH 45208. Just east of Hyde Park Square.

Contact Greg McCormick (513) 652-6225

For complete information, course map, directions, on-line registration and results, visit:

RunningTime.net

HYDE FIVE OFFICIAL ENTRY FORM

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____@_____ Phone: _____

Age (on race day): _____ Sex: M F Race (circle): Run Walk Kids_Run T-Shirt (\$5): YS YM YL S M L XL

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, The Archdiocese of Cincinnati, St. Mary, Running Time LLC, USATF and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Relevant medical conditions _____

Signature _____ Date _____

Parent's signature (for entrants under age 18) _____ Date _____

In case of medical emergency, contact: _____ Phone (____) _____ or put "at race"

Make Checks Payable and mail To: Hyde Park 5 **Mail to:** St. Mary Church, 2853 Erie Ave., Cincinnati, OH 45208