



Dr. Patty Walter's Memorial Inaugural Tooth Fairy 5K Run/Walk

Sponsored by: *Cincinnati Dental Society's Oral Health Foundation and
Children's Oral Health Network*

Benefitting: **Academy of World Languages School Based Dental Center**

October 14, 2017

Lunken Airport • 700 Wilmer Avenue, Cincinnati, OH

Registration Begins: 7:30 AM

Registration Ends: 8:45 AM

Entry Fees for 5K Events

\$25 without shirt (pre-registration only)

\$30 race-day registration without shirt

Race Start: 9:00 AM

Shirts - \$10 each, sizes from XXL, XL, L, M, S, XS



Mail in entries must be postmarked by September 29, 2017

Entries can be mailed to: [Cincinnati Dental Society, 9200 Montgomery Rd., #21-A, Cincinnati, OH 45242](#)

Online registration available until October 12, 2017 <https://runsignup.com/Race/OH/Cincinnati/PattyWalterMemorialToothFairy5K>

5K Run Divisions

Male & Female: 14/under, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69 and 70/over.

5K Walk Divisions

Male & Female: 29/under, 30-39, 40-49, 50-59, 60-69, 70-79 and 80/over.

Awards

Top Male and Female Runners and Walkers. Age group award to Top male and female runners and walkers in each division.

Free Kids Fun Run:

Tooth Fairy Dash after 5K for the youngsters who cannot participate in the 5K

Materials- Race day sign-up and packet pick up will be at the shelter near the Lunken Airport tennis court.

Results - Results will be posted at the race and online at [RunningTime.net](#)

If you have any questions, please contact the office of CDS's Oral Health Foundation at vicki@cincinnatiadental.org.

The CDS's Oral Health Foundation is a 501(c)(3) organization, EIN #20-2772729.

Name: _____

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

Email: _____ @ _____ Phone: _____

Age (on race day): _____ Sex: M F Race: Run Walk T-Shirt: XXL, XL, L, M, S, XS

Additional donation to CDS Oral Health Foundation: _____ Team Affiliation: (optional) _____

Waiver: In consideration of the acceptance of my entry, I hereby waive, discharge and release on behalf of myself, my heirs, executors and assigns, all claims of any nature, including but not limited to damages, demands, actions, whatsoever in any manner, arising from my participation in the Dr. Patty Walter's Memorial Inaugural Tooth Fairy 5K Run/Walk and do hereby release the Running Time LLC, USATF, coordinators, staff, sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may refuse or return my entry at its discretion. I attest and verify that I understand the risks involved in such a run/walk, and that I am physically fit and have trained adequately in preparation and I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses. I have noted any relevant medical conditions on this form. I permit the use of my name and picture participating in this event for publicity.

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"