

# Dr. Patty Walter's Memorial 5K Run/Walk

Sponsored by:

CINCINNATI DENTAL SOCIETY'S

Oral  Health  
foundation

SERVING THE UNDERSERVED IN THE GREATER CINCINNATI AREA

Benefitting: "Leave No Vet Behind" Program

**October 13, 2018**

Lunken Airport

700 Wilmer Avenue, Cincinnati, OH

Registration Begins: 7:30 AM

Registration Ends: 8:45 AM

Race Start: 9:00 AM



## Entry Fees for 5K Events

\$25 without shirt (pre-registration only)

\$30 race-day registration without shirt

**Shirts** \$10 each, sizes from XXL, XL, L, M, S, XS (pre-registration only)

\$15 each the day of the Race

**Mail in entries** must be postmarked by October 8, 2018

Payment to: CDS's Oral Health Foundation. Entries Mailed to: Cincinnati Dental Society, 9200 Montgomery Rd., #21-A, Cincinnati, OH 45242

**Online registration** available until October 11, 2018 @ [www.cincinnatiadental.org](http://www.cincinnatiadental.org)

## 5K Run Divisions – First Place in Each Division

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 – First Place in Each Division

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

**Awards** - Top Male and Female Runner and Walker.

**Material** - 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 [www.runningtime.net](http://www.runningtime.net)

If you have any questions, please feel free to contact the office of CDS's Oral Health Foundation at [vicki@cincinnatiadental.org](mailto:vicki@cincinnatiadental.org).

**First 100  
to register  
will receive  
a challenge  
coin!**

**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 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"