

Thanksgiving Day 5K Run/Walk – November 28, 2019

In Memory of Loryn Cassady

All proceeds will go to the "Loryn Cassady Memorial Scholarship Fund"

- **Registration:** 7:30-8:40 AM (Early registration on Wednesday, November 27 from 6-8pm)
- **Location:** Dynamic Stars, 16 East Main Street, Logan, OH.
- **Fun Race** (children 11 & under): 8:40 AM
- **5K Run/Walk:** 9:00 AM (children can participate accompanied by an adult; strollers are allowed)
- **T-shirts** available if you pre-register by **NOVEMBER 20, 2019**.
- **Awards** to top 3 overall male and female and top 3 finishers in each age division
- **Male/Female age divisions:** 11 & under, 12-17, 18-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-60, 61+
 - **Note:** Day of Race Registration pricing: \$25 – Adult (18+); \$15 – Student (12-17); \$10 – Children (11 & under)

*Required fields. Please use only **ONE** name per form.

Pre-registration (circle one)*: \$20 – Adult (18+) \$10 – Student (12-17) \$5 – Children (11 & under)

Name*: _____ **Birth date*:** __/__/__

Gender (circle one)*: Male Female

T-Shirt Size (circle one)*: Adult: S M L XL XXL XXXL
Child: S M L

Street address*: _____

City*: _____ **State*:** _____ **Zip*:** _____

E-mail*: _____ **Phone Number*:** _____

Emergency Contact Name*: _____ **Phone Number*:** _____

Team Name (if applicable): _____

Payment method (circle one)*: Cash Check

*Checks payable to the Logan-Hocking Local School District. (Memo: Loryn Cassady Memorial Scholarship Fund)

Waiver: As a participant in the Loryn Cassady Memorial Scholarship Thanksgiving Day 5k, I, for myself, my executor, administrators, heirs, devisees and assigns do hereby discharge Loryn Cassady Memorial Scholarship, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, organizers or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions, illnesses, death, and causes whatsoever in any matter arising from or growing out of my participation or that of my child in the event. I attest and verify that I am, or my child (under 18), is medically able to participate and assume all risks of participation in this event. I understand that I may be photographed, filmed or videotaped at the event. I state that I am physically fit and able to run or walk in the 5k race and I have trained sufficiently for this event. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Signature*: _____ **Date:** _____

(Parent or guardian signature for participants under the age of 18)

Register ONLINE at <https://...> (*\$ convenience fee)

Option to drop off form and payment at Hawk's Nest, 12906 OH-664 A4, Logan, OH 43138 or
submit form and payment to Loryn Cassady Scholarship Committee, 675 Highland Drive, Logan, OH 43138.