A Force Against Cancer 5k
Sunday October 25, 2026
5k Run/Walk

Benefiting the
PANCREATIC CANCER ACTION NETWORK®

Fees: $25.00 pre-registration includes T-shirt if received by October 7, 2026

$30.00 registration if received after October 7, 2026 **(T-shirt is not guaranteed)**

***100% of registration fees are donated to the Pancreatic Cancer Action Network**

RACE START: 9:30 A.M.

Early Packet Pick-Up: Saturday October 24th 3:00-5:00pm early packet pick-up at Up and Running Far Hills Ave.

Race Day Registration: Sunday October 25, 2026

8:00 a.m. – 9:30 a.m. Schoolhouse Park-1875 Nutt Rd

Dayton, OH 45458 **Mail Entry To:** IUE-CWA 5k, PO Box 340550 Dayton, OH 45434

Checks Payable to: Pancreatic Cancer Action Network

Information regarding the race: Contact Katelin Mantia IueCwa5k@gmail.com

Online Registration: www.speedy-feet.com **Results:** Posted at www.speedy-feet.com

Awards: Top Male & Female overall; Top male & female in each of the following age groups: 10 & under; 11-14; 15-19; 20-29; 30-39; 40-49; 50-59; 60 & over.

First Name: Last Name:

Address:

City: State: Zip: Please Circle: Male Female
Age on race Day:

Phone Number: ( ) -

Email Address:

Emergency Contact: Phone Number: ( ) -

Shirt Size (adult sizes only): Small Medium Large X-Large XX-Large

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, my executors and administrators, voluntarily assume all risks of injury to my person and damage to my property; agree to abide by all ordinances of the city of Centerville-Washington Township and all rules, regulations, and directions, if any of this event; waive and release any and all rights and claims for damages I may have against IUE-CWA, Speedy Feet, Pancreatic Cancer Action Network, Centerville-Washington Township Park District, their representatives, employees, officials, volunteers, successors, and assigns for any and all injuries and damage to me or my property in said event; and agree to indemnify defend and hold those same organizations and individuals harmless from any claims for injury or damage to myself and to third persons or their property from this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and my physical condition has been verified by a licensed medical doctor. I hereby authorize IUE-CWA, to show and reproduce my name, photograph, pictures, and films taken by any of those mentioned above.

Signature required by ALL participants (parent or guardian must sign if under 18) Date

Office Use Only: **Check #** **Checks Amount:** **Cash:**