



Centerville Wellness 5K Run/Walk for Health

Open to ALL Centerville School Staff, Family, and Friends

April 11, 2026 9:00 AM Primary Village North 6450 Marshall Road

Register by March 30, 2026 to be guaranteed a t-shirt

Mail form and money to Stingley Elem c/o Julie Shisler, 95 Linden Drive, Centerville, OH 45459

Checks payable to: Centerville City Schools OR

Register online at or [Centerville Wellness 5k Run/Walk for Health \(runsSignup.com\)](https://runsSignup.com)

Check-in day of race and Late Registration: 7:45 – 8:30 AM Fees: \$10 per participant

Prizes: Overall top Male and Female Only **NO Age Group prizes or medals**

*****Door prizes for Current Centerville City School Employee participants*****

Information and results: www.speedy-feet.com Any questions: Contact Heidi Riffle heidi.riffle@centerville.k12.oh.us

-----5K-----Cut here-----Cut here-----Cut here-----5K-----
(Registration form needed for each 5K entrant)

FIRST NAME _____ LAST NAME _____

ADDRESS NUMBER and STREET _____

CITY _____ STATE _____ ZIP CODE _____

Age on Race Day: _____ Date of Birth: ____ / ____ / ____

AREA CODE _____ - _____ M F XS S M L XL 2XL 3XL
EVENING PHONE NUMBER _____ CIRCLE ONE UNISEX T-Shirt Size School or Department

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: (____) _____ - _____
REQUIRED REQUIRED

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 Washington Township and the City of Centerville 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 Centerville City Schools, Washington Township, the City of Centerville, Speedy Feet, 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 Speedy Feet and the Centerville City Schools and its assigns and any news media, radio, movie, or TV producer, having permission from or acting to show and reproduce my name, photograph, pictures, and films taken of me by any of those mentioned above.

Signature **REQUIRED** by **ALL** applicants (parent or guardian must sign if under the age of 18) Date _____