

## The Runner's Club of Greater Cincinnati presents

## A Midsummer Night's Run

## 5K Run - 7:00 PM - Thursday, August 18, 2016 Lower Millcrest Park, Norwood OH

It's Who I Am.

TRI-STATE RUNNING

DATE & TIME: Thursday, August 18, 2016 - 7:00 PM Start

**LOCATION**: Lower Millcrest Park

1700 Hopkins Avenue, Norwood OH 45212

PRE-REGISTRATION: \$10 - General Public. \$5 - RCGC Members/18

& under. Must be received by Monday August 15, 2016

ONLINE REGISTRATION: Available until Monday August 15, 2016

at www.runsignup.com

RACE DAY REGISTRATION: \$15 - General Public. \$10 - RCGC Members / 18 & Under. Begins at 6:00 PM at the Park Shelter off Hopkins Avenue.

**DIRECTIONS:** Take I-71 to Dana Ave. exit. Take Dana Avenue to Victory Parkway. Right on Victory Parkway. Right on Hopkins Avenue. Park will be on the left.

COURSE: 5k (3.1 mile) run around Lower Millcrest Park. Starts by the Sherman Avenue Ballfields. Finishes by the Park Shelter.

AWARDS: Top Male and Top Female Overall. Top Male and Female Runner for 18 & under, 19-29, 30-39, 40-49, 50-59, 60 & over.

**RESULTS:** Online at www.rcgc.net

**OTHER INFO:** Food & Drinks provided after race.

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CONTACT: Contact us at cincinnatirunning@gmail.com Entry Form		
Name:		
Address:		
City:	State: Zip:	
Phone:	Email:	
Age (As of 8/18/16): Sex: M /	F	
Race Day Registration	\$ 5 RCGC Members / 18 & Under  \$ 10 RCGC Members / 18 & Under	
Attn: A Midsumme PO Box 8761 Cincinnati OH 4520	r Night's Run	

Waiver: On behalf of myself, my heirs, executors, estate, successors, and assigns, I hereby release the Runners' Club of Greater Cincinnati, City of Norwood, club and race sponsors, affiliates, managers, coordinating groups, volunteers and all other individuals, groups, and entities associated with this event, as well as their affiliates, agents, employers, directors, officers, and members, from all claims which may arise from or as a result of my participation in A Midsummer Night's Run. In consideration of the acceptance of my entry and participation in this event, I understand and agree that I give this release to the full extent permitted. I certify that I am physically fit and able to participate in this event, and agree to assume all risks of my participation. I understand and agree that my name and picture or photograph of my participation in this event may be used for results and publicity purposes. I HAVE NOTED ANY MEDICAL CONDITION ON THE REVERSE OF THIS FORM.

Participant Signature:	Date:
Parent/Guardian Signature (required of entrants under 18):	Date:
Emergency Contact Name:	Phone: