



The Runner's Club of Greater Cincinnati Presents

A MIDSUMMER NIGHT'S TRAIL RUN

5 Mile Trail Run – 6:30 PM – Thursday, August 8, 2013

Mount Airy Forest, Cincinnati OH

DATE & TIME: Thursday, August 8, 2013 - 6:30 PM Start

LOCATION: Mt. Airy Forest

5083 Colerain Avenue, Cincinnati OH 45223

PRE-REGISTRATION: \$15. General Public. \$10. RCGC Members/18 & under. Must be postmarked by August 3, 2013

ONLINE REGISTRATION: Available until August 5, 2013 at www.runsignup.com

RACE DAY REGISTRATION: \$20. No Discounts. Begins at 5:30 PM

RACE SHIRTS: Available at www.zazzle.com.

DIRECTIONS: Take I-74 to Colerain Ave. exit. Go North on Colerain Ave. Park entrance is on the left. Follow signs to the Oval.

COURSE: 5 mile trail run through Mt. Airy Forest.

AWARDS: Top 3 Men and Top 3 Women Overall. Top 3 Master (40+) Male and Female Runners

RESULTS: Online at www.rcgc.net

REFRESHMENTS: Food & Drinks provided after race.

OTHER INFO: Goody bags given to first 100 participants & door prizes given away after race.

CONTACT: Contact us at rcgcmidsummertrailrun@gmail.com.



Entry Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age (As of 8/8/13): _____ Sex: M / F

Enclosed is: ☐ \$15 Pre-Registration ☐ \$10 RCGC Members/18 & Under
☐ \$20 Race Day Registration

Make Checks Payable/Mail to: **Runners' Club of Greater Cincinnati**
Attn: A Midsummer Night's Trail Run
PO Box 8761
Cincinnati OH 45208

Waiver: On behalf of myself, my heirs, executors, estate, successors, and assigns, I hereby release the Runners' Club of Greater Cincinnati, City of Cincinnati, Cincinnati Park Board, 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 Trail 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: _____