



Loop for Lana 5K Run/Walk

Saturday, September 30, 2017 9:00 am
Crestview Hills, KY

Benefiting the Elana Brophy Memorial Foundation and Cincinnati Children's Hospital Medical Center "Cancer and Blood Disease Institute"(CBDI).

Course: 5K loop course begins and ends at Columbia Sussex. “Chip” timed with MyLaps BibTag technology .

Run Divisions: 14/under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69 and 70/over.

Walk Divisions: 29/under, 30-39, 40-49, 50-59, 60-69 and 70/over.

Awards: Top male and female runners and walkers. Age group awards to Top male and female runners and walkers in each division. **Post Race:** Awards Ceremony, Catered food and Music.

Registration: Adults 13 and over: \$20 through 8/15/17, \$25 from 8/16/17 through 9/28/17 and \$30 race day
Children 12 and under: \$10 advance registration and \$15 race day

T-Shirts: Quality Long-sleeved tech shirts are optional and available for \$15 while supplies last.

Register online through Thursday, 9/28/17. Postmark mailed entries by Saturday, 9/23/17.

Late Registration/Early Number Pickup: Packet pick up will take place on Friday, 9/29/17 at Tri-State Running Company (148 Barnwood Drive Edgewood, KY 41017) from 10 am to 6pm. Chance to win free shoes.

Race Day Registration/Package pick up: 7:30 - 8:45 am at the venue. Shirt sizes and quantities may be limited.

For complete information, directions, course map, online registration and results, visit:

RunningTime.net

Loop for Lana Registration Form

Name _____

Address _____

City _____ St. _____ Zip _____

Email _____ Phone _____

Age (on race day) _____ Sex (circle): M F Race (circle): RUN WALK

Shirt Size (circle): XS S M L XL

I cannot attend, but please accept my donation of \$_____

On consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the “Loop for Lana” 5K, Columbia Sussex, City of Crestview Hills, Running Time LLC, USATF, all sponsors, workers, officials, and volunteers from any claims. I agree to abide by all rules of participation and acknowledge that the race committee may refuse or return my entry at its discretion. I understand the risks for such a run/walk and have trained adequately in preparation. I HAVE NOTED ANY MEDICAL CONDITIONS ON THIS FORM.

Signature _____ Date _____

Parent signature (if under 18) _____ Date _____

Disclosure of Medical Conditions _____

Make checks payable to: EBMF Mail entries to: Greg McCormick, 10119 Crosier Lane, Cincinnati, OH 45242