

**The Women's Health and Fitness Fair presents:**

**5K Run/Walk**

**\*\*All proceeds to benefit the Hitchcock Center for Women\*\***

**When:** Thursday, March 29<sup>th</sup>  
**Time:** 7:45 a.m.  
**The Start:** Veale Center by the flagpoles  
**Entry Fee:** \$10.00. Include signed slip below and cash or check payable to CWRU  
**Mail or deliver form to:** Kathy Lanese, 318 Veale Center, 10900 Euclid Ave, Cleveland, Oh 44106  
**Pre-registration deadline:** Thursday, March 22, 2007  
**\*Women's Health T-shirts guaranteed to those that are pre-registered**

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Please print neatly & fill out completely (entry without age and gender may not be eligible for prizes)

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
Address	Zip Code
<input type="text"/>	<input type="text"/>
<input type="text"/>	Age
<input type="text"/>	Gender M/F
<input type="text"/>	<input type="text"/>
Email Address	@ <input type="text"/>
<input type="text"/>	<input type="text"/>
Phone Number	T-shirt size
<input type="text"/>	S M L XL (check)

**Waiver must be signed before running:**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event, including but not limited to contact with other participants, effects of the weather including high heat and/or humidity, traffic, and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers and sponsors of the Women's Health 5K, Case Western Reserve University (CWRU) and any other sponsors (and their affiliates, employees, agents, representatives, successors, and assigns) from any and all claims or liabilities of any kind arising out of my participating in the event even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, or any other record of this event for any legitimate purpose. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to asset a claim against the Women's Health Program and CWRU subsidiaries and affiliates and all Event sponsors for their negligence.

\_\_\_\_\_  
Signature REQUIRED (parent or guardian if under 18 years old)

\_\_\_\_\_  
Date