



Waiver Release Form

In consideration of your acceptance of this entry: I, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Kennedy Township, Ohio Valley Hospital, and any other sponsors and their representatives, successors, and their assigns for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a footrace entrant, that I am physically fit and sufficiently trained for completion of this event, and my physical condition has been verified by a licensed Medical Doctor. I hereby grant full permission to any and all the foregoing to use my name, likeness, and voice, as well as any photographs, videotapes, motion pictures, recordings, or any other record of this event in which I may appear for any legitimate purpose, including television broadcast of this event, the reuse in any media of this broadcast, and in advertising and promotion for such broadcast and reuse. If participant is under 18 years of age, parent/guardian consent is required.

Date

Participant's Name Printed

Participant's Signature

Parent/Guardian Name Printed *(if participant is under 18 years old)*

Parent/Guardian Signature *(if participant is under 18 years old)*



Bag Check

Bag check will be provided, although Ohio Valley Hospital assumes no liability for loss, theft, or damages. Please do not bring valuables.

For the safety of our participants and volunteers, please leave all large back packs, bags, and coolers at home.

Awards Ceremony

Please join us after the race for a continental breakfast and the awards ceremony. Both the breakfast and the ceremony will be held behind the OVH Medical Office Building.

For more information

call (412) 777- 6313

web www.ohiovalleyhospital.org

 Like us on Facebook

www.facebook.com/OhioValleyHospital

 Follow us on Twitter

twitter.com/ohiovalleyh

Ohio Valley Hospital
25 Heckel Road
Kennedy Township, PA 15136



Ohio Valley Hospital /
Kennedy Township



Saturday, May 16, 2015
8:00 a.m. - Rain or Shine



READY, SET, GO!!!

The event begins at 8:00 a.m. (rain or shine) at the main entrance of Ohio Valley Hospital. A continental breakfast and awards ceremony will be held after the race for all participants and volunteers.

Registration and Fee

To register for this event, please complete the attached Registration and Waiver Release Form. The event fee is **\$20 before May 14th** and **\$25 after May 14th until the morning of the race.** Registration on the day of the event will be open from 6:30 a.m. to 7:45 a.m. at the Hospital's main entrance. Additional applications are available at Ohio Valley Hospital's Information Desk and the Kennedy Township Municipal Building. Online registration is also available at: www.active.com.

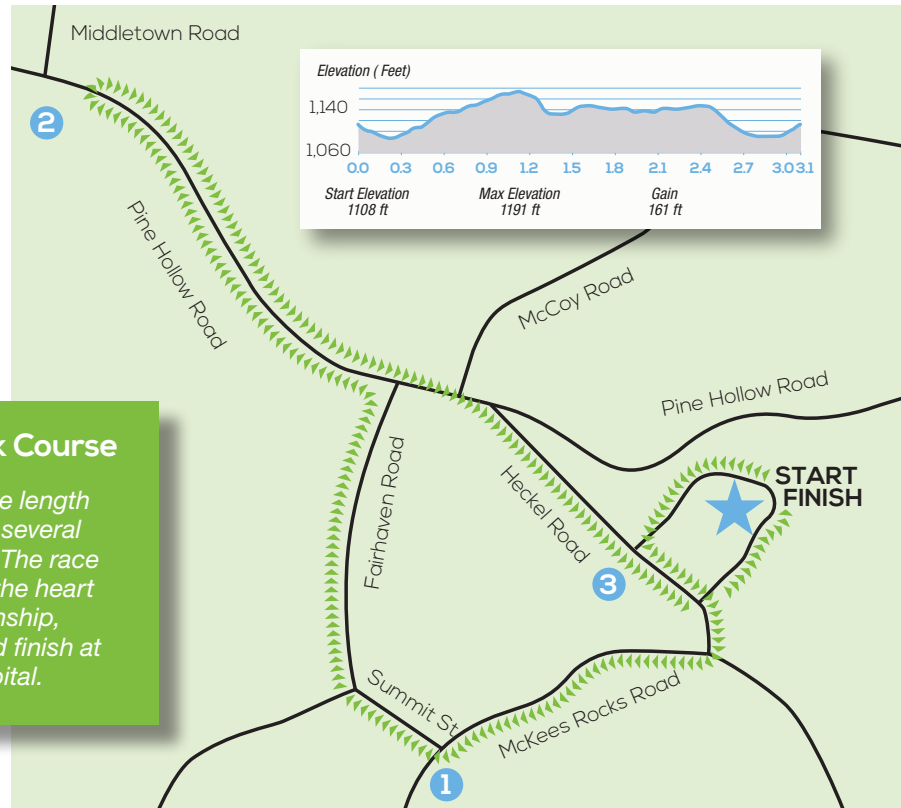
Packet and T- Shirt

The first 200 registered participants are guaranteed a t-shirt. You may pick up your race packet at the registration table in front of the Hospital's main entrance on race day. Packet pick-up will be available for pre-registered participants at Elite Runners and Walkers Thursday May 14th and Friday May 15th from 11 a.m. until 7 p.m. They are located at 5992 Steubenville Pike, Kennedy Township, PA 15136.

5K Run/Walk Course
The actual course length is 3.1 miles, with several hills throughout. The race passes through the heart of Kennedy Township, with the start and finish at Ohio Valley Hospital.

Timing Service and Race Results

All 5K Race participants will be scored using the Miles of Smiles Timing System. Unofficial race results are available immediately following the race at the awards ceremony. Look for official results on www.smileymiles.com.



Event Parking

Free Parking is available the day of the event in front of the OVH Medical Office Building and across the street at the OVH Willows Senior Living facilities.

Prizes

Prizes will be awarded to the 1st, 2nd and 3rd place male and female, regardless of age, who cross the finish line.

Results will be based on Miles of Smiles timing system. Medals will be given to the top three male and female finishers in each age group. Top prize winners will not be included in the Age Group Awards. Competitors who do not provide their age at the time of registration are ineligible for a prize or medal.

Top Prizes

	Male	Female
1st Place	\$150	\$150
2nd Place	\$100	\$100
3rd Place	\$50	\$50

Age Groups

- 9 and Under
- 10 to 14
- 15 - 19
- 20 - 24
- 25 - 29
- 30 - 34
- 35 - 39
- 40 - 44
- 45 - 49
- 50 - 54
- 55 - 59
- 60 - 64
- 65 - 69
- 70 and over

Registration Form

The Registration and Waiver Release (on back) Form must be completed for participants to be scored and eligible for prizes.

Online registration is also available at: www.active.com.

First Name _____

Last Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

Date of Birth _____ Age on Race Day _____

Gender Male Female

T-Shirt Size S M L XL XXL
Adult Sizes Only

Registration:	\$20
Late (after 5/14/15) Registration:	\$25
Day of Event Registration:	\$25

Total Due _____

Waiver Release Form on reverse side must be completed, signed and returned with this Registration Form.

Make Check Payable and Mail To:
Ohio Valley Hospital
Marketing Department
25 Heckel Road
Kennedy Township, PA 15136