

Race Details

Distance: 5K (3.1 miles)

Where: start and finish at Charles Boehm Middle School *final course available at myohcenter.com*

Date: Sunday, October 10, 2010 **Time:** 7:30 - 8:15 am *registration*
8:30 am *race*

Individual: \$20 *pre-registration (prior to 09/30/10)*
\$25 *10/10/10 registration*

Family: \$40 *pre-registration (prior to 09/30/10); Household family members only*
\$45 *10/10/10 registration*

Pre-registration bib and t-shirt pickup at Optimal Health Center 10/09/10 8am – 1 pm, and race day at Charles Boehm Middle School.

Divisions/Awards:

Overall finishers, 1st, 2nd, 3rd places (Male/Female)

Age Groups: 14 and under, 15 – 19, 20 – 29, 30 – 39,
40 – 49, 50 – 59, 60+

Tee shirts to first 100 registrants

For mail-in registration, detach bottom portion and mail with payment to:

Optimal Health Center
301 Oxford Valley Rd, Suite 1405, Yardley, PA 19067

Name: _____

Age on 10/10/10: _____ **Male/Female**

Amount enclosed: \$ _____

Names/Ages of Additional Family Members:

Phone: _____ **Email:** _____

Address: _____

Tee Shirt Size:	Adult	S	M	L	XL
	Child	S	M	L	

Waiver and Release *must be signed to participate*

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event and I hereby release and hold harmless Optimal Health Center of any claims that I may have arising out of participation in this event, including personal injury or damage suffered by me or others, whether caused by the negligence of any of the said parties, agents, or employees or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to any of the said parties to use any photography, videotapes, or other recordings of me that are made during the course of this event.

I hereby grant permission for the child listed above to participate in the 5K run. I, on my behalf and on behalf of the minor listed release and hold harmless Optimal Health Center of any claims that I may have arising out of participation in this event, including personal injury or damage suffered by me or by others, whether caused by negligence of any of the said parties, agents, employees, or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to any of the said parties to use any photography, videotapes, or other recordings of me that are made during the course of this event.

Signature (Parent or guardian if under 18)

Date