

# MID-WESTERN CARING HEARTS 5K RUN/WALK



## MAY 11, 2019

Mid-Western Caring Hearts 5K  
Participant Registration Form

### Registration Costs and Dates

**May 1, 2019**

- ⇒ \$25 pre-registration
- ⇒ Guaranteed t-shirt

**May 2, 2019 until race day**

- ⇒ \$30 registration
- ⇒ t-shirt while supplies last

#### Family Registration

- ⇒ \$100 per family
- ⇒ Single household
- ⇒ 4 t-shirts included\*
- ⇒ Add'l t-shirts @ \$10/per shirt\*

#### Sleep in special- (No run)

- ⇒ \$20
- ⇒ t-shirt\*

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

First Name	Age	M/F	Run, Walk, or SIS	T-shirt size

I wish to sponsor \_\_\_\_\_ runner (s) @ \$25 each

T-shirt sizes: Youth XS-XL; Adult S-5XL

\*Guaranteed only to those who pre-register by May 1, 2019.

Payment type:

Cash    Credit Card (circle one)    Visa    Mastercard    Discover  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Check Enclosed (make checks payable to Mid-Western Children's Home)

#### PAYMENT

Run/Walk @ \$25/ea    \$ \_\_\_\_\_  
 Family @ \$100    \$ \_\_\_\_\_  
 Sleep in Special @ \$20    \$ \_\_\_\_\_  
 Add'l T-shirts @ \$10/ea.    \$ \_\_\_\_\_  
 Sponsorships @ \$25/ea.    \$ \_\_\_\_\_  
 Donation    \$ \_\_\_\_\_  
 Total    \$ \_\_\_\_\_

**Wavier/Release:** In 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 Mid-Western Caring Hearts 5K and do hereby release the Mid-Western Children's Home, Friends of Mid-Western, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return this entry at it's discretion. I have noted any medical conditions on this form.

Signature \_\_\_\_\_

Signature \_\_\_\_\_  
 (Parent or guardian if under 18 years of age)

Emergency Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any relevant medical conditions: \_\_\_\_\_

**Mail registration form to: Mid-Western Children's Home, Attn: Scott Huston,  
 PO Box 48, 4585 Long Spurling Road, Pleasant Plain, Ohio 45162**