

7<sup>th</sup> ANNUAL

# Pray~Hope~Believe Foundation Fourth of July 5K



## Wednesday, July 4, 2018

Colerain Township Municipal Complex  
4200 Springdale Road  
Cincinnati, OH 45251

### EVENTS

- 8:15 AM - Flag Ceremony
- 8:30 AM - 5K Run/Walk
- 9:30 AM - Free Superhero Sprint

**PARTICIPANTS CAN FORM TEAMS!!!**  
Awards for the largest team & most team spirit !

For Run or Walk Divisions, Awards, Food, Parking: see website  
Race will be Chip-Timed  
Results: Complete results will be posted online later in the day.  
All pre-registered entries with valid email addresses will be sent their results.



Please support our Presenting Sponsor:  
**RUMPKE**

#### REGISTRATION OPTIONS

If you register (or have registration postmarked) by **MAY 31ST**:  
Ages 14 & Older - \$20  
Ages 13 & Under - \$15

If you register (or have registration postmarked) by **JUNE 30TH**:  
Ages 14 & Older - \$25  
Ages 13 & Under - \$20

If you register **between July 1st and race day**:  
Ages 14 & Older - \$30  
Ages 13 & Under - \$25

**Late Registration/Number Pickup:**  
Tuesday, 07/03/18 from 4pm-7pm  
Colerain Municipal Bldg.

**Race Day Registration/Package Pick-Up:**  
Starts at 7:00 AM

#### Includes Free T-Shirt

Upgrade to a Tech shirt \$10 extra.  
**MUST REGISTER BY 06/21/2018 TO GUARANTEE T-SHIRT or TECH SHIRT**



Funds from this event benefit:  
**The Pray~Hope~Believe Foundation**  
PHBF is an IRS approved 501(c)(3) nonprofit



[www.PrayHopeBelieve.org](http://www.PrayHopeBelieve.org) **or** <https://runsignup.com/Race/OH/Cincinnati/PrayHopeBelieve5KRunWalk>

**2018 Pray ~ Hope ~ Believe 5K - Please submit one entry form per person**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Phone: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_ Team Captain (if applicable): \_\_\_\_\_

Age (on Race Day): \_\_\_\_\_ Sex: (Circle one) **M** **F** Event: (circle one) **5K RUN** **5K WALK** (walkers must not run at all)

Clydesdale and Athena Divisions (Optional – Runners only): **Men 200+lbs.** **Women 160 + lbs.**

T-Shirt: (circle one) **YS YM YL S M L XL XXL (Tech Shirt - Add \$10—Adult sizes only).** **Pre-register by 06/21/18 to be guaranteed a shirt**

*Waiver: I know that running 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 hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions 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 into this running race, I, for myself and anyone entitled to act on my behalf, waive and release PHBF, Running Time LLC and Colerain Township (collectively "The Sponsors"), their officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates or inline skates and animals are not allowed in the event and I will abide by this guideline. I am aware that the Sponsors strongly discourage the use of personal audio devices (iPods and MP3 headsets). I authorize any healthcare provider to release any and all information pertaining to my healthcare, medical condition and medical treatment as a result of my participation in this event to the Sponsors and their respective staffs.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature (for entrants under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**Make Checks Payable To: PHBF**

**Mail to:** c/o Lynne Merk, PO Box 53236, Cincinnati, OH 45235