



Dressed to the 9s on 9-9-09

9K Run, 6:30 PM, Wednesday September 9, 2009
Spirit of '76 Shelter, Lunken Playfield, Cincinnati OH

DATE: Wednesday September 9, 2009 or 9-9-09

TIME: 6:30 PM

LOCATION: Spirit of '76 Shelter, Lunken Playfield, Cincinnati OH

ENTRY FEE: \$9.99. T-shirt included in entry fee for Runners' of Greater Cincinnati Members. Extra T-shirts available for \$9.99

COURSE: 9K(5.58 miles) run around Lunken Playfield and Golf Course.

DIRECTIONS: From downtown: Take Columbia Parkway to the Beechmont Avenue ramp. Turn right on Wilmer. Lunken Playfield is on the left.

AWARDS: Top 9 Men and Top 9 Women.

RESULTS: Online at www.cincinnati-running.com.

REFRESHMENTS: Provided after race.

OTHER: 9 door prizes given away after race.

INFO: Visit www.cincinnati-running.com, call us at 513-451-2587 or email us at cincinnati-running@gmail.com.

ENTRY FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age (as of 09/09/09): _____

Sex: M | F

____ \$9.99 Registration General Public(T-shirt not included)

____ \$9.99 Runners' Club Members (includes T-shirt while supplies last)

____ \$9.99 Extra T-shirt

Circle T-shirt size: S M L XL

____ Runners' Club Membership

Circle one \$20 Single

\$25 Family

Make Checks Payable / Mail to:

Runners' Club of Greater Cincinnati
PO Box 8761
Cincinnati OH 45208
Attn: Dressed to the 9s Run

WAIVER: On behalf of myself, my heirs, executors, estate, successors, and assigns, I hereby release the Runners' Club of Greater Cincinnati, City of Cincinnati, Cincinnati Recreation Commission, club and race sponsors, affiliates, managers, coordinating groups, volunteers and all other individuals, groups, and entities associated with this event, as well as their affiliates, agents, employers, directors, officers, and members, from all claims which may arise from or as a result of my participation in the Dressed to the 9s on 9-9-09. In consideration of the acceptance of my entry and my participation in this event, I understand and agree that I give this release to the full extent permitted. I certify that I am physically fit and able to participate in this event, and agree to assume all risks of my participation. I understand and agree that my name and picture or photograph of my participation in this event may be used for results and publicity purposes. I HAVE NOTED ANY MEDICAL CONDITION ON THE REVERSE OF THIS FORM.

Participant Signature: _____ Date: _____

Parent or Guardian Signature (required of entrants under 18): _____ Date: _____

Emergency Contact: _____ Phone: _____