



## LACE UP AGAINST DRUGS 5K Run/Walk

Saturday, May 5, 2018

Registration begins at 7:00 a.m.

Race Start Time 8:15 a.m.

Please join Brown County Youth Drug Prevention Coalition/RULH BPA for our 2<sup>nd</sup> Annual Run/Walk

**Start:** Ripley Union Lewis Huntington High School, 1317 South Second Street, Ripley Ohio 45167

**Entry Fees 5K (Non-Refundable)**

\$15.00 Youth 5 -17

\$25.00 Early registration (through April 20<sup>th</sup>)

\$30.00 April 21st through Day of Race (Shirts cannot be guaranteed day of race)

**Make checks payable to:** RULH BPA

**Mail the bottom of the registration form to:** Ripley Union Lewis High School, Attn: Tammy Whaley, 1317 S. 2<sup>nd</sup> Street, Ripley, Ohio 45167

**Check in & Registration:** Race day registration 7:00 – 8:00 p.m. and same day registration

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

**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date: of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**T-Shirt shirt:** YM –YL-AS-AM-AL-AXL-A2L (CIRCLE ONE) **T-Shirt only** \_\_\_\_\_ **\$15.00**

**Emergency contact: (required)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Waiver:** all registrants are required to sign this waiver. In consideration of the acceptance of my entry, I hereby waive discharge and release on my behalf of my heirs, executors, and assigns, all claims of any nature, including but not limited to damages, actions, whatsoever in any manner arising from my participation at the Glow Run do hereby release the Brown County Youth Drug Prevention Coalition employees, trustees, sponsors, workers, officials and volunteers from any claim whatsoever arising from this event. I agree to abide all the rules of participation and acknowledge that the Brown County Youth Drug Prevention Coalition has the right to refuse or return my entry at its discretion. I attest and verify that I understand the risks involved in such a run/walk and that I am physically fit and have trained adequately in preparation. I give Brown County Drug Prevention Coalition to take my photograph during the event and use it in its publicity, media, and marketing material.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent signature if under 18 years of age)

