

CLEVELAND CLINIC WELLNESS PRESENTS

5k Run & Walk



DATE: Saturday, September 19th, 2020

LOCATION: Emerald Necklace Marina in the Rocky River Reservation

WHEN: Registration: 8am | Race: 9am

PRICING: **\$20** early bird registration
(February 1 – May 31)

\$30 standard registration
(June 1 – September 18)

\$35 race day registration

Includes shirt*, refreshments, raffle prizes

**Shirts guaranteed for pre-registrants*



Register Online Now!

[Clevelandclinic.org/wellness5k](https://clevelandclinic.org/wellness5k)

A portion of proceeds will be going to Charity

Cleveland Clinic Wellness

5k Run & Walk

Saturday, September 19th, 2020

This family-friendly event is open to the public, and features fabulous goodies and prizes!

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Sex: M F

E-mail Address: _____ Phone: _____

5k Run _____ 1 mile Walk _____ Shirt Size: XS S M L XL XXL

Cleveland Clinic (CCF) Employee: YES NO Family Member of CCF employee: YES NO

A portion of proceeds will be going to charity

Pre-Registration

Online registration (www.clevelandclinic.org/wellness5k) closes on Friday, September 13 at 9am.
All mailed pre-registration entries must be received by Wednesday, September 11, 2020.

Early Bird Registration (February 1 – May 31): **\$20** | Standard Registration (June 1 – September 18): **\$30**

Race Day Registration/Package Pickup

(Cash or Check ONLY)
Starts at 8am

Race Day Registration: **\$35**

- * 5K/1 mile start time: 9:00am
- * T-shirts are guaranteed to all pre-registered participants.
Subject to availability on race morning.
- * Awards (5k only)- Awards will be given to the overall male and female and top 3 m/f winners infollowing age groups: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

Please make checks payable and mail to:

HERMES SPORTS & EVENTS

2425 W. 11th Street Suite #2

Cleveland, OH 44113

216.623.9933

In consideration of your accepting this entry, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Cleveland Clinic Foundation, Hermes Sports and Events, City of Cleveland, Cleveland Metroparks, their representatives, successors, and assigns for any and all injuries suffered by me in said event or in transit to and from said event. I further attest that I am physically fit and have sufficiently prepared for this event. I will additionally permit the use of my name and/or pictures in the Cleveland Clinic's publications.

Participant Signature (Parent/Guardian if under 18): _____

Register Online!
clevelandclinic.org/wellness5k