3rd Annual - Paulding County Hospital Foundation

SuperHero Strides for Scholarships 5k

Proceeds benefit: College Scholarships to High School Seniors

New This Year:

- All New Course – Redesigned 5k Route – Road Route, No Hills
- All New Prizes
- All New 1 Mile Kid Race
- All New Child Care Volunteers for Parents wanting to run

Date of Race: Saturday, September 22nd - Shot gun start 9:00am

- **Day of Race Registration: 8:15am**
- **Sign In for Pre-Registered: 8:30am**

* Race starts and ends at Paulding County Hospital

Prizes Go to the Following Winners:

***Overall Male & Female Winners**
***Special Prize: Overall 1 mile Boy & Girl Kid Race Winners**
***Participant Ribbons to all 1 mile kid racers**
***Prize for Top 2 in each age group (1-12, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+)**
***Prize for Best Super Hero Costume or Shirt**
***Best School Participation Trophy & Scholarship**

Dress in SuperHero Costume or shirt to increase your fun & earn a chance for prize

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Please Check One of the Following:

☐ 5K Run or Walk - **$ 15** (registrations received by September 12th include Long Sleeve shirt). **Circle shirt size** (XS, S, M, L, XL, 2XL)
☐ 1 mile kid run - **$ 10** (registrations received by September 12th includes **Super Hero Cape**)
☐ I cannot participate, but please accept my donation of $ _____
☐ I cannot run/walk, but would be willing to volunteer for this event

Checks payable to: *Paulding County Hospital Foundation.* **Mail to:** PCH Foundation, 1035 W. Wayne St., Paulding, OH 45879
Any questions, call: *Brenda Wieland, Public Relations, 419-399-1138, or Melanie Rittenour, Race Coordinator, 419-399-1127*

First Name: _____ Last Name: _____

Address: _____ City/State_____ Zip_____

Telephone #: _____ Date of Birth: _____ Age on 9/10/12 _____ Gender ___

Are you a current staff member of Wayne Trace, Antwerp, or Paulding School District? Yes No If yes, which school? _____

Are you a current student of Wayne Trace, Antwerp, or Paulding School District? Yes No If yes, which school? _____

Waiver/Release of Liability: I, the undersigned, state that I am in proper physical health to compete in this race. I assume all risks associated with running or walking in this event. I, for myself, and anyone entitled to act on my behalf, waive and release any and all rights against Paulding County Hospital Foundation, the sponsors, city and village of Paulding, and any and all officers, officials, employees, volunteers and all those involved with manning this event, from any claims arising from my participation in the Paulding County Hospital Foundation run. The undersigned further grants permission to sponsors and agents to use any photographs of this event for any purpose.

Signature (or Parent Signature if runner under 18): _____ Date:_____