

**Make checks payable to:** OCAGC

**Mail Checks and Forms to:**

OCAGC, PO Box 42277, Blue Ash, Ohio 45242

**Entry Fee**

|  |  |  |  |
| --- | --- | --- | --- |
| Entry | Fee | x Number | Total $ |
| Adult | $35 |  |  |
| Child (12 and under) | $15 |  |  |
| Child (5 and under ) | Free |  |  |
| Survivor | Free |  |  |
| Honor Sign | $30 |  |  |
| Extra Donation |  |  |  |
| **Total Payment** | $ |

Name to be placed on **Honor Sign**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Donation, **In Honor of** :\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information: 513-898-1009

Race site: [**www.runsignup.com/tealpower5K**](http://www.runsignup.com/tealpower5K)

www.tealpower.org

**Waiver and Disclaimers**

Waiver: In consideration of the acceptance of my entry, I hereby waive, discharge and release on behalf of myself, my heirs, executors and assigns, all claims of any nature, including but not limited to damages, demands, actions, whatsoever in any manner, arising from my participation in the Teal Power 5K Run/Walk for Ovarian Cancer Awareness and do hereby release the Ovarian Cancer Alliance of Greater Cincinnati, coordinators, staff, sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may 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 and I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses. I permit the use of my name and picture participating in this event for publicity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature If under 18, signature of Parent or Guardian is needed Date**

Registration Form – Teal Power 5K Run & Walk

Name 1 (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a survivor? (Y/N) \_\_\_\_\_\_ Running or Walking? \_\_\_\_\_\_\_\_\_

Age & Sex (M/F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: 3XL 2XL XL LG M S YL YM YS

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City / State / Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Leader (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of team (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Register Additional People: (add email, if different from above)**

Name 2 (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a survivor? (Y/N) \_\_\_\_\_\_ Running or Walking? \_\_\_\_\_\_\_\_\_

Age & Sex (M/F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 3 (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a survivor? (Y/N) \_\_\_\_\_\_ Running or Walking? \_\_\_\_\_\_\_\_\_

Age & Sex (M/F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 4 (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a survivor? (Y/N) \_\_\_\_\_\_ Running or Walking? \_\_\_\_\_\_\_\_\_

Age & Sex (M/F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 5 (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a survivor? (Y/N) \_\_\_\_\_\_ Running or Walking? \_\_\_\_\_\_\_\_\_

Age & Sex (M/F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 6 (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a survivor? (Y/N) \_\_\_\_\_\_ Running or Walking? \_\_\_\_\_\_\_\_\_

Age & Sex (M/F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_