

Lake Health/University Hospitals Seidman Cancer Center

Of Mentor Community

5K/1mile walk



Run for Life

Aug 23, 2014

8 AM 5K race

8:05AM Walk

Race starts at the Lake Health University Hospitals Seidman Cancer Center (LH/UHSCC)

9485 Mentor Ave, Mentor Ohio

Entry Fee: \$18.00

Including shirt if pre-registered by August 9
Day of race \$25.00
Chip timed 5 K only

Packet Pickup: Friday Aug 22 at LH/UHSCC from 9a-7p

Proceeds will go to the LH/UH Seidman Cancer Center to be used to continue providing our patients with quality care, services and education
To learn more visit our web site:

www.lhuhSeidmanCancer.org/charity-run-life

On line registrations:

www.lhuhSeidmanCancer.org/charity-run-life/

Or

Mail in

Make checks payable to:

LH/UH Seidman Cancer Center

Mail to: 9485 Mentor Ave #3 Mentor Ohio 44060

Attn: Run



LH/UH is a joint venture with Lake Health and University Hospitals keeping quality cancer care and services within our community, serving one patient at a time. This event is employee driven.

Name: _____ Address _____ City _____

Phone _____ Age on race day _____ Gender M F

Registered for 5K (Timed) 1 mile walk (not timed) Entry Fee _____

Tee shirt size adult: S M L XL XXL Additional Donation _____

Youth M L Total _____

***Shirts only guaranteed to pre-registered participants

Waiver (please read and sign) I hereby understand that in consideration for my entry, and participation in the Lake Health/University Hospitals Seidman Cancer Center Run For Life, I waive for myself, my heirs, and/or assigns any and all claims for damages that may have against Lake Health/University Hospitals Seidman Cancer Center, its directors, employees, agents, promoters, sponsors, or any individual involved in the production of this race in regards to any and all injuries suffered by me while running, traveling to or from or participation in this event whatsoever. I understand if the event is cancelled for any reason that the registration fee is non-refundable. I give my full permission to the Lake Health/University Hospitals Seidman Cancer Center to use any photographs, videotapes, or other recording of me that are made during the course of the event for promotional and marketing purposes.

Signature/Parents signature if under 18 _____ Date _____