

Coshocton Firefighters

IAFF Local 216

5K Run & Walk

Benefits MDA



Date: August 8, 2009

Registration: 7:30 a.m. – 8:15 a.m.

Race Time: 8:30 a.m.

Location:

Coshocton County Court House

**This 5K Run & Walk is a benefit to
raise awareness for Muscular
Dystrophy Association**

Door Prizes & Awards

Contact: Coshocton Firefighters

Phone: 740-622-2555

Email: swilson@coshoctonfire.org

Coshocton Firefighters 4th Annual 5K Run/Walk
For
Muscular Dystrophy Association
Saturday August 8, 2009
Coshocton County Court House
Registration: 7:30 a.m. – 8:15 a.m.
Race time: 8:30 a.m.

About This Event

This 5K Run/Walk is a benefit to raise awareness for Muscular Dystrophy Association. The MDA is a voluntary health agency- a dedicated partnership between scientists and concerned aimed at conquering neuromuscular diseases that affect more than a million Americans.

MDA combats neuromuscular diseases through programs of worldwide research, comprehensive medical and community services, and – far reaching professional and public health education.

Registration Location and Entry Fee

Pre-registration fee \$20.00, Race day registration fee \$25.00. Registration table will be at the gazebo on the court square lawn. Donations to the MDA greatly appreciated. Please make checks payable to **Coshocton Firefighters Local 216 5K.** No refunds will be issued; money will be donated to the MDA.

Race Course

Race to be held on the streets of Coshocton with some rolling hills. Race route will be clearly marked. Race time will be approximately 8:30 a.m.

Awards

Free T-Shirt to the first 75 applicants. Awards will be given to the top finishers of each age group. All participants are eligible for door prizes

Name _____

Address _____

Telephone No. _____

Age Group: (19 & under _____) (20-29 _____) (30-39 _____) (40-49 _____) (50 & over _____)

Female _____ Male _____ Shirt Size: M _____ L _____ XLG _____
We will do our best to provide shirt size requested.

Send Registration form to:

Coshocton Firefighters 5K Run/Walk for MDA
c/o Cory Wilson
325 S. 7th Street
Coshocton, OH 43812

Questions call: 740-622-2555 (Coshocton Fire Department)

Waiver and Release: In consideration of the acceptance of the entry, I waive myself and my heirs and all claims for damages against the sponsors of the Coshocton Firefighters 5K Run/Walk and their representatives and all race officials and volunteers for injuries received during and as a result of this event. If I should suffer injury or illness, I authorize officials at the race to use their discretion to have me treated and be transported to a medical facility and I take full responsibility for this action. I certify that I am physically able and have sufficiently prepared for this event. I understand and agree to the waiver and release.

Participant Signature _____ Date _____

Parent or Guardian, if under 18 years of age _____ Date _____