

Seventh Annual
H  **ME-RUN**
5K and Fun Run - November 9, 2019

Rotary Park Pavilion:

925 Sharon Valley Road, Newark, Ohio
Check-in at 10:00 AM, Race at 11:00 AM
Race shirt & prize raffle for all participants,
DJ, free lunch for participants and spectators!

Registration:

Register/pay on line at www.itsyourrace.com
Print registration form at www.lcchousing.org
OR detach form below.

Entry Fee:

Early Registration (by Nov 3) **5K: \$30, Fun Run: \$25**
Late Registration (after Nov 3) 5K: \$35, Fun Run: \$30
Discount of \$5 each for groups of 6 or more, for either race.
Children under 10 are free with a paying adult*.

Awards:

Prizes & medals for 1st male & female overall,
Medals for top 3 male & female in each age group:
14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

Registration Form

Detach & return form to **Licking County Coalition for Housing, Attn: Home Run.**
23 South Park Place, Suite 200, Newark OH 43055 **Email:** kscott@lcchousing.org, **Fax:** 740-345-8826
Checks only by mail (payable to LCCH). Cash, check or debit/credit card accepted in person or on race day.

First Name: _____ **Last Name:** _____

Address: _____

Race: Timed 5K 1 Mi Fun **Group Name:** _____
(early \$30/late \$35) (early \$25/late \$30) (For groups of 6 or more-\$5 discount applies.)

Sex: M F **Age:** _____ **Shirt Size:** YS YM YL S M L XL XXL XXXL **Shirt Sleeve:** Long Short
(*T-Shirts included for all paying runners. Additional T-shirts \$15.)

Email: _____ **Phone:** _____

Waiver: In submitting this entry, I, intending to be legally bound for myself, my heirs, executors and administrators, do hereby waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, Licking County Coalition for Housing, Rotary Park, the event principals, its employees, volunteers, sponsors and representatives for any and all claims and damages, demands or actions whatsoever in any manner as a result of my participation in the Home-Run, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video, print or social media reporting or advertising of the event without compensation.

Signature: _____ Date: _____
(Signature of Parent or Guardian required for all participants under 18 years of age)

Licking County Coalition for Housing

740-345-1970 23 South Park Place, Suite 200 PO Box 613



Newark OH 43058-0613 www.lcchousing.org