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Ohio County Hospital
caring for your health



**Ohio County Hospital Health Improvement Program
Embry Chiropractic
Tech 1 Connect**

Race Course Description:

1. Start out at Second Street
2. Turn right on Lafayette
3. Turn left on Broad
4. Turn right on W 12th Street
(1 mile mark)
5. Turn left on Madison
6. Turn left on W 14th Street
7. Turn left on North Broad
8. Turn left on W 13th Street
9. Turn right on N Main (231)
(2 mile mark just before the Marathon station)
10. Turn right and finish on 2nd Street
Water station at the Catholic Church

All Proceeds to Benefit

New Beaver Dam Park



Saturday, May 26, 2012

5K Run/Walk - \$15.00 with pre-registration or \$20.00 day of race.

Schedule

- Race Day registration will be from 7:00 am - 7:45 am
- Race will begin at 8:00 am at the Beaver Dam City Hall, 309 West Second Street, Beaver Dam.
- Pre-registration price will be \$15 for all entries received by May 11th. After that price will be \$20 day of race.

Awards and Age Divisions

All Run or Walk entrants will receive T-Shirts on a first come, first serve basis.
Door prizes will be presented during Awards Ceremony.

Cash Prizes for Runners:

First Place – Overall Male and Female - \$50 each

First Place – Ohio County Male and Female - \$25 each

Total = \$150 Cash prizes

Trophies for Runners:

First - Third Place Overall Male and Female

First Place - Ohio County Male and Female

Other Prizes awarded to top three in age divisions both Male and Female

Men:

19 and under

20-29

30-39

40-49

50-59

60 and Over

Women:

19 and under

20-29

30-39

40-49

50-59

60 and Over

Registration

Please make checks payable to: OCH/Strawberry 5K
Attn: Nicole King
1211 Old Main Street
Hartford, KY 42347

Applications may be mailed to the above address. Participants can pick up registration forms at Ohio County Hospital or City Hall in Beaver Dam.

Register on-line at www.ohiocountyhospital.com and follow the Strawberry 5K link. If you need further information, please call (270) 298-5221 or nking@ohiocountyhospital.com.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Sex: _____ Age on Race Day: _____

Phone: (_____) _____

T-Shirt size: XS S M L X XL (please circle)

E-mail address: _____

☐ My first race ever! How did you learn about this race? _____

☐ I am a 5K Runner ☐ 5K Walker

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING OR FAXING:

I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Ohio County Hospital Strawberry Festival 5K Run/Walk and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature: _____

Parent/Guardian Signature (if minor) _____

Date: _____

