

VISION OF HOPE 4-H CLUB ANNUAL

5K RUN/WALK AND 1 MILE WALK/RUN

JUNE 20TH 2025 @ TUSCARAWAS FIRE DEPARTMENT

REGISTRATION WILL BEGIN @ 4:30 PM AND END AT 5:30 PM

1 MILE WALK/RUN @ 6:00 PM

5K RUN/WALK @ 6:30 PM

ENTRY FEE \$15.00 PER PERSON

5K AWARDS: TOP 3 MALE & FEMALE OVERALL AND 1ST PLACE MALE & FEMALE EACH AGE GROUP.

1 MILE WALK/RUN: 1ST PLACE MALE AND FEMALE IN EACH AGE GROUP

AGE GROUPS: 8 AND UNDER, 9-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 AND UP

COURSE: PAVED ROADS

**** ALL PROCEEDS GO TO HELP THE VISION OF HOPE CLUB'S ORGANIZATION OF THE YEAR! ****

NAME: _____ SEX: _____ AGE: _____ (AS OF 6/20)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ T-SHIRT SIZE: _____

(First 75 entries will receive a shirt while sizes last)

PLEASE MAKE CHECK PAYABLE TO: VISION OF HOPE 5K RUN

MAIL TO: LESLIE BOOTH

1586 BRIGHTWOOD ROAD SE

NEW PHILADELPHIA, OHIO 44663

FOR INFORMATION PLEASE CALL: 330-691-0292 LESLIE OR 330-691-0293 HAROLD

RELEASE: I HAVE READ THIS WAIVER AND IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY TO THE VISION OF HOPE 5K RUN/WALK I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS WAIVE AND RELEASE AND DISCHARGE THE HOSTS OR VISION OF HOPE 4H CLUB AND THE VILLAGE OF TUSCARAWAS FROM ALL CLAIMS, OR ANTICIPATED, RESULTING FROM OR ARISING OUT OF, EITHER DIRECTLY OR INDIRECTLY MY PARTICIPATION IN THIS 5K RUN. I ATTEST THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED FOR THE COMPLETION OF THIS RACE. I HEREBY GRANT FULL PERMISSION TO USE MY PHOTOGRAPHS, VIDEO TAPES, RECORDINGS OR OTHER RECORDS OF THIS EVENT FOR ANY LEGITIMATE PURPOSE.

SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN (IF UNDER 18 YEARS OF AGE): _____