

Megan's Miles Mail-in application

Race Information

**Date:** Sunday, May 30, 2010

**Time:** 12:00 Noon – Both 4 Mile Run/Walk and 1.5 Mile Walk

**Awards:** Top 3 male and female and overall receive special prizes. Age group winners as well- 19&U, 20-29, 30-39, 40-49, 50-59, 60+

**Registration:** Pre-register online, via this mailable form, at the Columbus Running Co., or day of race. Number and info pick-up will be available after 5/24/10 at any Columbus Running Co. location. Day of registration opens at 10:45am.

**The Event:** Keeping in line with the CRC Charity Fund mission, the only group to profit from the race is a charitable cause - in this case, the Nationwide Children's Hospital's Muscular Dystrophy Research Institute. The event is organized by the Schlaegel family.

For your participation, all entrants will receive a commemorative candle holder.

**Megan's Miles entry fees:**

Pre-registration (On or before May 24th): \$17.00

Week of and race day registration (On or after May 24<sup>th</sup>): \$22.00

Group Rate: \$12 ea. For groups or families of four or more, you must pre-register by May 24<sup>th</sup>.

Make checks payable to: **CRC Charity Fund**

Mail entry form to: Columbus Running Co. 6465 Perimeter Dr. Dublin, OH 43106

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Group Name (if applicable):** \_\_\_\_\_

**Sex:**    **M**    **F**    **Age** \_\_\_\_\_    **Circle One:**    **1.5 Mile Walk**    **4 Mile Run/Walk**

**Waiver:**

In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, Grove City, Central Crossing High School, the event principals, its employees, its volunteers, all sponsors and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation in the Megan's Miles event, 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 or print media reporting or advertising of the event without compensation.  
If you are under 18, a parent or legal guardian must sign this form.

**Signature** \_\_\_\_\_

**Guardian Signature if under 18** \_\_\_\_\_