

8TH ANNUAL
**SPRING HAS
 SPRUNG**

Healthy Families 5K Run/Walk

April 1, 2017 
 No Foolin'!

Register Online

With a credit card until midnight, March 30, at
www.speedy-feet.com
All ages..... \$15
Registration fees are non-refundable

Register by Mail

Send form and check/money order by March 24
All ages..... \$15
Checks/Money Orders payable to: Greene County Public Health. Registration fees are non-refundable

Race Day Registration

Begins at 7:30am on April 1
All ages..... \$20

T-Shirts

An event shirt is guaranteed to registrants if registration and payment is received by March 24. No-shows will not receive t-shirt. Extra shirts will be available for sale following the race on a first come-first served basis.



No Foolin'!

*Wear your favorite April Fool's costume to be entered to win **Best Costume!***

**-8th Annual-
 Spring Has Sprung
 Healthy Families 5K Run/Walk**



**Saturday, April 1, 2017 at 9:00am
 Xenia YMCA, 135 E. Church St., Xenia, OH**

Race Day Events

- 7:30am Registration tables open inside the gym
- 8:00am Wellness Fair opens inside the gym
- 8:30am Zumba® Warm Up
- 9:00am 5K Run/Walk begins outside on Collier Street
- 10:00am Awards Ceremony and Wellness Fair/YMCA Kids Day
 Free refreshments, door prizes, health tips, massages, bounce house, games, and more

Race Packet Pick-Up

Mar. 31 Pre-registered participants may pick up their race packet and shirt at Greene County Public Health, 360 Wilson Drive, Xenia from 8:00am—4:00pm.

Race Day Race packets, chip timers and shirts may be picked up on race day at the registration tables beginning at 7:30am.

Race Information

- Course** Beginning and ending at the YMCA, this 5K scenic course winds through a quiet neighborhood with no water stop. *Visit www.speedy-feet.com for a course map.*
- Rules** Pets allowed on-leash only. Strollers welcome. Obey all instructions from race and public safety officials. Chip timers **MUST** be returned at the finish line to prevent incurring a replacement fee.


Award Categories

- Overall** Medal will be awarded to the top male and female finisher overall
- Age Group** Medal will be awarded to the top 3 male and female finishers in each age group.

First & Last Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: () _____ M F Age (race day): _____
 Email Address: _____
 Unisex Shirt size (*guaranteed by 3/24/17—circle one*): YS YM YL S M L XL 2X 3X

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*Make Checks Payable
 & Send to:*

**Greene County Public Health
 Spring Has Sprung 5K
 360 Wilson Drive
 Xenia, OH 45385**

***REGISTRATION FEES (non-refundable)**

\$15 per person, on or before March 24 \$ _____ Amount Enclosed
 \$20 per person on Race day *ALL FEES ARE FINAL – NO REFUNDS*
SPECIAL DISCOUNT FOR GROUPS/TEAMS OF 10+. Call 937-374-5669 for more info!

RELEASE OF LIABILITY - READ BEFORE SIGNING. In consideration of being allowed to participate in any way in Greene County Public Health's SHS5K, its related events and activities, I, the undersigned, acknowledge, appreciate and agree that: 1. the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and 3. I willingly agree to comply with the state and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the organization immediately; and 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS GREENE COUNTY PUBLIC HEALTH, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, partners, advertisers, and, if applicable, owners and lessors of premise used for the activity ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I understand that bicycles, skateboards, roller skates or blades are not allowed in the race and I will abide by this guideline. I also grant permission to the Spring Has Sprung 5K and its sponsors to use photographs, motion pictures, recordings, or any record of my participation in the Spring Has Sprung 5K for legitimate purposes. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name _____ Signature _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
 This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Print Name _____ Signature _____



Public Health
 Prevent. Promote. Protect.
Greene County