

Eastway Behavioral Healthcare
5k Run/Walk for the Special Olympics
April 21, 2012 • 9:00 A.M.

Directions: Eastwood Metropark. 1385 Harshman Rd., Dayton, OH, 45431. Free parking.

Why do this event? The course is a scenic, flat out and back 5K along Eastwood's lake. Eastway Behavioral Healthcare is raising money for the **Montgomery County Special Olympics**. Special Olympics is Founded on the belief that individuals with cognitive disabilities formerly known as mental retardation can, with proper instruction and encouragement, learn, enjoy, and benefit from participation in individual and team sports, adapted as necessary, to meet the needs of those with special mental and physical limitations.

Check-in and Registration: 8:00-8:45am. Run/Walk will begin at 9am. Dogs are welcome, but must be leashed and under control at all times.

Awards: Top Male and Female in Age Categories 15-19, 20-29,30-39, 40-49,50-59,60-69, 70 &Over

Fees: (Non-refundable) \$20 includes T-shirt and refreshments if registered. \$25 after March 23rd and on the day of the Run/Walk (shirts are not guaranteed). Kids 10 and under are free, but need to complete registration form.

Checks payable to: Eastway Corporation. (Mail to: Jennifer Casson, c/o Eastway Corporation, 600 Wayne Ave, Dayton, Ohio 45410).

Information: Go to www.keysports.net, www.eastway.org or call 937-496-2000, ext. 2584

Results posted at: www.keysports.net

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(Registration form needed for each team member)

TEAM NAME

FIRST NAME

LAST NAME

ADDRESS NUMBER and STREET

CITY

STATE

ZIP CODE

M F

S- M- L- XL- XXL

AREA CODE

EVENING PHONE NUMBER

AGE (race day)

CIRCLE ONE

ADULT T-SHIRT SIZE - CIRCLE ONE

E-MAIL ADDRESS:

EMERGENCY CONTACT:

PHONE: () -

REQUIRED

REQUIRED

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, my executors and administrators, voluntarily assume all risks of injury to my person and damage to my property; agree to abide by all ordinances of Five Rivers MetroParks and all rules, regulations, and directions, if any, of this event; waive and release any and all rights and claims for damages I may have against, Key Sports and Business Promotions, their representatives, employees, officials, volunteers, successors, and assigns for any and all injuries and damage to me or my property in said event; and agree to indemnify defend and hold those same organizations and individuals harmless from any claims for injury or damage to myself and to third persons or their property from this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and my physical condition has been verified by a licensed medical doctor., and its assigns and any news media, radio, movie, or TV producer, having permission from or acting for the benefit show and reproduce my name, photograph, pictures, and films taken of me by any of those mentioned above.

Signature **REQUIRED** by **ALL** applicants (parent or guardian must sign if under the age of 18) Date