



**FIVE RIVERS  
METROPARKS**



# “Healthy Minds” 5K for Youth

**May 30, 2009 • 9:00 A.M. • Integrated Youth Services • Beavercreek, Ohio 45432**

**Integrated Youth Services** seeking the vision of healthy minds for youth and families in Greene County communities. Proceeds from this event will support the IYS programs.

**Directions:** From SR 35 take Fairfield Rd North to Dayton-Xenia Rd; left at the traffic light for ½ mile to left at traffic light onto Research Park Dr. IYS is located across from the Beavercreek Police and City offices.

**Race Day Registration and Pick up:** 7:30-8:45 AM at IYS

**Awards:** Top Male and Female and top three in 13 M&F age groups from 10-under to 75 and over.

**Fees:** \$15 if registered by May 20, shirt guaranteed. \$20 afterwards, shirt not guaranteed, sorry

**Kids Run:** Bring along the younger ones for a short fun run at approximately 10 AM-no charge

**Checks payable to:** IYS, 1321 Research Park Dr, Beavercreek, Ohio 45432.

**Information, on-line registration, and Results:** [www.keysports.net](http://www.keysports.net)

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\_\_\_\_\_  
FIRST NAME LAST NAME

\_\_\_\_\_  
ADDRESS NUMBER and STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
AREA CODE EVENING PHONE NUMBER AGE (race day) M F Shirt: YL S M L XL XXL  
CIRCLE ONE 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 Integrated Youth Services, Key Sports and Business Promotions, Five Rivers MetroParks, 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. I hereby authorize Integrated Youth Services and its assigns and any news media, radio, movie, or TV producer, having permission from Integrated Youth Services to 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