

The RAINBOW RUN

A 5K Colored Powder Run/Walk
Saturday, June 8, 2024



PLACE: Highland Heights Community Park, 5905 Wilson Mills Road, Highland Heights, 44143. The race will begin inside the park, wind through the residential streets just north of the park, and finish back inside the park.

TIME: Packet Pick-Up 8:00 am. Runners start at 9:00 am and walkers start at 9:05 am.

REGISTRATION: \$30 for runners and \$25 for walkers and Rainbow employees (patients of Rainbow and children under five are free). Entry fees do increase if you register on race day. Entry fee will include bib and time chip, T-shirt, and refreshments after the race. If you register by mail, the registration form must be received by June 3, 2024. Please consider making an additional donation when registering or becoming a sponsor of the event (sponsorship information can be found online at www.rainbowrunleveland.com).

AWARDS: Medals will be awarded to the Top 3 Overall Male and Female runners. In addition, medals will be awarded to the top male and female runners in each age bracket.

BENEFIT: All proceeds will benefit University Hospitals Rainbow Babies and Children's Hospital.

Name: _____ DOB: _____ Age: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

“Adult” Shirt Size (CIRCLE ONE): S M L XL XXL

Event (CHOOSE ONE): _____ 5K Run (\$30) _____ 5K Walk (\$25)
_____ Rainbow Employee Run (\$25) _____ Rainbow Employee Walk (\$25)

Additional Donations: _____ (\$10) _____ (\$25) _____ (\$50) _____ (other)

MAIL COMPLETED FORM AND CHECK TO: *Hermes Sports & Events, Inc., 2425 West 11th St., Suite #2, Cleveland, OH 44113

By my signature, I, _____, acknowledge that I am participating in The Rainbow Run 5k event and intend to be legally bound by this form. I do hereby waive and release any and all rights and claims for damages, injuries (including death), and expenses suffered by me and/or my property before, during or after participation in the Rainbow Run against the Event Directors, Mayfield City Schools, the City of Highland Heights, Hermes Sports & Events, Inc., the sponsors, and any employees, representatives, and volunteers associated with these organizations and this event. I recognize and understand that this release is binding on my heirs, executors or assignees.

I know that running a road race is a potentially hazardous activity. I hereby certify that I have full knowledge and understanding of the risks involved, and I am sufficiently trained and medically able to do so. If I should require medical assistance as a result of participation in the event, I hereby authorize and give my consent to authorized medical personnel to provide any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

As it applies to my participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>. I also agree to abide by any COVID-19 protocols and safety guidelines issued by the state, the community, and/or the event organizers.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, videos, results, publications or any other print or electronic recording of this event.

All entry fees are non-refundable and bib numbers are non-transferable. We reserve the right to postpone or cancel the event due to circumstances beyond our control, such as inclement weather, natural disaster, health mandates, or other emergency, in order to protect the safety of participants and staff. We reserve the right to change the details of the event without prior notice.

I acknowledge that I have read and agree to the above waiver and release.

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian (if participant is under 18): _____