

# Race For Glory 2021

Medina County



**Special  
Olympics**  
Ohio



The  
**Society**  
TRUSTED. COMPASSIONATE. EXPERIENCED.

**5K  
FUN RUN  
1 MILE WALK**

**Saturday, August 28, 2021**

**Buckeye Woods Park**  
6335 Wedgewood Rd., Medina, OH 44256

**REGISTRATION:** Begins at 8 am

**START TIME:** 9:00 am

**5K RUN:** \$20 (pre-registration) or  
\$25 (race day)

**1 MILE WALK:** \$15 (pre-registration)  
or \$20 (race day)

Awards will be presented to the Top 5K male and female runners overall & the Top three 5K male and female runners in the following age categories: 14 & under 15-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60-69 / 70 & over. There will be no awards for the 1 mile walk.

5K RUN     1 MILE WALK    T-Shirt Size: S   M   L   XL   2XL    **RACE T-SHIRT INCLUDED IF REGISTERED BY 8/21/21**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Age on race day: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact phone Number \_\_\_\_\_

**PARTICIPATION WAIVER:**

In consideration for allowing me (my child) to compete in the 5K/1 mile race, I, the undersigned intending to be legally bound, waive and release for my child, myself, my heirs, executors and administrators, and all rights and claims for property damage and person injury, including death, which I (my child, representatives, successors and assignees, arising from my (my child) participating in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am (child is) physically fit and have (has) sufficiently trained to complete in this event. I (on behalf of my child) hereby grant permission to Knights of Columbus, SHC, or Medina County Special Olympics and any city or village, sponsor, officer, and member of said organization, their representatives, successors, assigns to use all information submitted in my application and my photograph, video tape, motion picture, recording and any other record of this event, including pre-race and post-race publicity.

Sinature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Make checks payable and mail to:**

*All proceeds benefit The Society and  
Medina County Special Olympics*

Medina Knights  
131 N. East St. Medina, OH 44256

