



MetroHealth



Resiliency Run

Saturday, June 20, 2020

MetroHealth Medical Center • 2500 MetroHealth Drive, Cleveland, OH 44109

Race Day registration and packet pickup begin at 7:30 a.m.

5K & 1 Mile Walk – 9 a.m.

Recognition Ceremony – 10 a.m.

Early Bird Registration - \$30

Race Day Registration - \$35

Benefiting patients and families who come to MetroHealth for trauma, burn, stroke and other critical care needs.

Entry Form: Please complete **one form per person**. Mailed forms must be received by **Wednesday, June 17, 2020**.

Name _____

Age on Race Day _____ DOB ____/____/_____

Address _____

City _____ State _____ Zip _____ Gender: M F

Email address _____ Phone _____

Participating Event: 5K Run 1 Mile Walk

T-shirt (adult size): XS S M L XL XXL

(A limited number of shirts will be available the day of the event)

I want to be identified as a survivor

Make check payable and mail with completed form to:

Hermes Sports & Events

2425 West 11th Street, Suite #2

Cleveland, OH 44113

Questions? Visit hermescleveland.com or call 216-623-9933. Register online at hermescleveland.com/roadracing/events/resiliencyrun.asp until 9 a.m. Friday, June 19, 2020. Event parking information can be found on registration website

5K Awards: Awards for the top male and female finisher and the top three male and female finishers in the following age groups:
14 and under, 15-24, 25-34, 35-44, 45-54, 55-64, 65+

Participant Signature (Parent/Guardian if under 18 years)



I hereby understand that upon my entry into the Resiliency Run, I waive any and all claim for damages that I may have against Hermes Sports & Events, MetroHealth, City of Cleveland, promoters, sponsors or any involved in the production of this race regarding any and all injuries suffered by me while running, traveling to and from, or participating in this event, for myself, my heirs, and/or assignors. I acknowledge the awareness and complete assumption of responsibility for the risks involved in participation of this event and I understand the terms of this release. I attest that I am physically fit and have sufficiently prepared for this event. I give permission for the free use of my name and picture in MetroHealth publications or in any broadcast, telecast or print media account of this event. I also give my permission for the administration of medical aid in case of emergency.

Registration Entry is non-transferable and non-refundable.