

# TUSCO DISPLAY / AMERICAN CANCER SOCIETY 5K RUN & WALK

SATURDAY – July 9, 2011 @ 9 AM  
HECK'S GROVE PARK – GNADENHUTTEN, OHIO

REGISTRATION: Begins at 7:30 AM at the Park. Pre-registration is requested if possible. Entry form is also available on-line at [www.tuscodisplay.com](http://www.tuscodisplay.com).

ENTRY FEE: \$15 if received by July 2 and \$20 day of the race

AWARDS: Top three male and female overall and in each age group  
Age Groups: 18 & Under, 19–29, 30–39, 40–49, 50-59, and 60 & Over

T-SHIRTS: To the first 75 paid entrants

FACILITIES: There are no shower or change facilities available

REFRESHMENTS: Provided at the conclusion of the race

COURSE: Paved roads with some hills. Race begins and ends at the Park.

For further information or directions call Bruce Crile at (740) 254-4343 Ext. 242

**All are welcome to participate regardless of ability. We do it because so many cannot. All proceeds go to the American Cancer Society for the fight against cancer.**

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Name \_\_\_\_\_ Sex \_\_\_\_\_ Age (As of 7/9) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ T-Shirt M \_\_\_ L \_\_\_ XL \_\_\_  
E-mail \_\_\_\_\_ (For race results and next year's entry form)

Make checks payable to the American Cancer Society

Mail to: Bruce Crile  
PO Box 175  
Gnadenhutten, Ohio 44629

Release: I have read this waiver and in consideration of your acceptance of this entry to the Tusco Display / American Cancer Society 5K Run which is apart of the Tuscarawas Valley Challenge Race Series, I do hereby, for myself, my heirs, executors, and administrators, waive and release and discharge the hosts or sponsors, or their respective agents, representatives and employees, from all claims, demands, and rights of causes of action, present and future, whether known or anticipated, resulting from or arising out of, either directly or indirectly, my participation in this 5K run. I attest that I am physically fit and sufficiently trained for the completion of this race. I hereby grant full permission to use my photographs, video tapes, recordings or other record of this event for any legitimate purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (If under 18 yrs. of age) \_\_\_\_\_