



YOU WILL LEAD THE PARADE FOR XENIA COMMUNITY FESTIVAL!!!
IHS PHARMACY AND WELLNESS CENTER

2ND ANNUAL 5K WELLNESS RUN/WALK
REGISTRATION FORM
SATURDAY, SEPTEMBER 17, 2011 9 :00 AM

CHECK IN AND REGISTRATION 7:45 – 8:45 AM at SHAWNEE PARK

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

SEX M F AGE _____

PRE-REGISTER BY MAIL OR EMAIL - \$15.00

DAY OF EVENT - \$20.00

Make check payable to I H S Pharmacy Charitable Endowment

Please circle shirt size – S, M, L, XL, XX-L

Please mail this form and payment to IHS Pharmacy and Wellness Center, 100 N,
Detroit Street, Xenia, OH 45385 or register online at www.keysports.net

Waiver: All registrants are required to sign this waiver. In consideration of the acceptance of my entry, I hereby waive discharge and release on my behalf of my heirs, executors, and assigns, all claims of any nature, including but not limited to damages, actions, whatsoever in any manner arising from my participation on the IHS Pharmacy and Wellness Center 5K run/ walk, and do hereby release IHS Pharmacy and Wellness Center and Xenia police department employees, trustees, sponsors, workers, officials and volunteers from any claim whatsoever arising from this event. I agree to abide by all the rules of participation and acknowledge that IHS Pharmacy and Wellness Center may refuse or return my entry at its discretion. I attest and verify that I understand the risks involved in such a run / walk and that I am physically fit and have trained adequately in preparation. I give IHS Pharmacy and Wellness Center permission to take my photograph during the event and use in its publicity, media, and marketing material.

X _____