

The Rotary Club of Mentor presents



Lisa's Legacy Fund honors Lisa Moore, a character from cartoonist Tom Bailuk's own imagination and his experience with cancer for his popular comic strip Funky Winkerbean. The fund advances Tom's commitment to cancer research and education.

Learn More: www.funkywinkerbean.com/legacy

October 15, 2017 at 8:30 AM

Location: Mentor Senior Center (8484 Munson Rd)

FEES/REGISTRATION (Includes Dri-Fit Shirt)

\$20 if recieved by Friday, October 6th
\$25 October 7th through the day of the race

AWARDS

Top 3 Overall Male & Female and
Top 3 Age Group Finishers Male & Female

AGE GROUPS

14 & Under, 15-19, 20-29, 30-39, 40-49,
50-59, 60-69, 70+

PACKET PICK-UP

Day-of-race at 7:30 AM at Mentor Senior Center

ONLINE REGISTRATION

www.greaterclevelandxc.com

WHERE TO MAIL?

Funky Winkerbean 5k, c/o Second Sole
8791 Mentor Ave, Mentor Ohio 44060

WRITING A CHECK?

Make payable to:
Mentor Rotary Foundation

NAME: _____ AGE ON RACE DAY: _____

GENDER: M or F T-SHIRT SIZE: S M L XL XXL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () -

EMAIL: _____

By signature, I attest that I am physically fit and sufficiently trained to participate in this event. I have full knowledge of the risks involved. I further acknowledge that the race course may contain uneven surfaces conditions, including but not limited to pot holes, curbs, and sewer covers, which may create a risk. I am aware that the race is on public roads and that vehicular traffic may be encountered, and I accept these risks. I also accept the risk of negligence by other participants. Therefore in consideration of the acceptance of my entry, I for myself, waive any and all rights and claims for injuries or damages I may have against the City of Mentor, the Rotary Club of Mentor, Greater Cleveland XC, University Hospitals, and their respective elected and appointed officials/members, employees and agents and will hold them harmless for any and all injuries or damages I may suffer in conjunction with this event. No refunds.

Signature _____ Date _____ Signature Parent/Guardian if under age 18 _____ Date _____

