



“Banking on a Cure.”

to benefit the American Cancer Society

SATURDAY, AUGUST 23, 2014 AT 9:00 a.m.

**Malabar Middle School
205 West Cook Rd.
Mansfield, Ohio 44907**

- | | | |
|-------------------|-----------------------|---|
| 7:30 a.m. | Race Day Registration | <ul style="list-style-type: none">• Awards to Fastest Male, Female and Child under 14 yrs. old• T-Shirts guaranteed to the first 150 participants |
| 9:00 a.m. | Start 5K Race | <ul style="list-style-type: none">• Online registration available at www.ohioraceday.com*Fee is \$20 per registered runner/walker |
| 10:00 a.m. | Awards Ceremony | <ul style="list-style-type: none">• Paper registration available at any Richland Bank location |

*For more information please contact Kristina Dickison at kdickison@richlandbank.com or call 419-756-3696

RICHLAND BANK'S "BANKING ON A CURE" 5K

Saturday, August 23, 2014 at 9:00 a.m.

**at Malabar Middle School
205 West Cook Rd.
Mansfield, Ohio 44907**

to benefit the American Cancer Society



7:30 a.m. Race Day Registration
9:00 a.m. Start 5K Race
10:00 a.m. Awards Ceremony

~ Awards to Fastest Male, Female and Child under 14 yrs. Old

Online registration available at www.ohioraceday.com

*Fee is \$20 per registered runner/walker

For more information please contact Kristina Dickison at kdickison@richlandbank.com

Name _____

Gender (circle one) Male or Female Age on raceday _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

T-shirt Size (circle one) Adult: XS S M L XL XXL

*Shirts will only be given to the first 150 registered participants

Circle one: Runner Walker

In consideration of the acceptance of my entry, I myself, my executors, administrators and assignees, do hereby release and discharge race director, organizers, representatives, sponsors, American Cancer Society and Malabar School System for all claims and damages, demands or actions whatsoever in any manner arising out of participation in said event. I attest and verify that I have full knowledge of the risks involved, with this event and I'm physically fit and have trained to participate in this event.

Participant signature (or guardian if under 18) _____ Date _____

Make check payable to Kristina Dickison-Relay for Life
Mail to 460 West Cook Rd. Mansfield, Ohio 44907 or register online at www.ohioraceday.com