Cleveland Clinic

CLASSIC | LEXUS

Willoughby Hills Family Health Center, Classic Lexus and the City of Willoughby Hills present the

3rd Annual Willoughby Hills Wellness Run/Walk

Sunday, October 2, 2016 | Featuring B Tag Chip Timing

Place
The run and walk will depart from:
Classic Lexus
2551 SOM Center Road
Willoughby Hills, OH 44094

Family activities onsite.

Parking
Willoughby Hills Family Health Center
2570 SOM Center Road
Willoughby Hills, OH 44094

Walk across the street to Classic Lexus.

Time
8 a.m. – Registration and check-in
9 a.m. – Run begins, followed by walk

Distance
- 5K run or walk
- 1-mile walk

Fees
5K Run/Walk: $20 if registered online* or postmarked by September 23. $25 same day registration.

1-Mile Walk: $15 if registered online* or registration postmarked by September 23. $20 same day registration. $50 maximum family registration fee (must register together).

Register in person at Classic Lexus or online at hermescleveland.com.
There will be an online processing fee.

Proceeds to benefit: WHISPER (Willoughby Hills Isolated Senior Program for Everyday Relief) and St. Noel's Food Pantry

Bring a donation or canned good to Classic Lexus on race day – or any day in September – for entry into a raffle drawing.

Awards
Awards provided to top overall female and male runners. Runners in the top three in each of the following age groups (male and female): 15 and under**, 16–22, 23–30, 31–39, 40–49, 50–59, 60+.

***Children must have adult supervision at all times.*

T-shirts guaranteed for the first 200 registrants. Refreshments will be available for the walkers and runners at the end of the event.

City of Willoughby Hills

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail Address _____

In consideration of your accepting this entry, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Cleveland Clinic, Classic Lexus, Hermes Sports and Events, and the City of Willoughby Hills, their representatives, successors, and assigns for any and all injuries suffered by me in said event or in transit to and from said event. I further attest that I am physically fit and have sufficiently prepared for this event. I will additionally permit the use of my name and/or pictures in the Cleveland Clinic's publications.

Signature _____

☐ M ☐ F Age _____

☐ 5K Run ☐ 1-Mile Walk

T-shirt size

adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

youth: ☐ S ☐ M ☐ L

Send application and check to:

Hermes Sports & Events
2425 W.11th Street
Cleveland, Ohio 44113

For information,
call 216.623.9933
or visit
hermescleveland.com

HERMES ROADRACE Series 2016