

Crestview Local School District



5th ANNUAL



Rebel Run

5K Race and 2 Mile Fun Walk Saturday, November 19, 2011

Organized and managed by the Crestview Rebels Embracing Wellness Health Team.
The proceeds from this year's **Rebel Run** will benefit 2 area non-profit organizations:
The 4Cs (Crestview Community Churches Concern) and The Way Station.

Location: Start & Finish—Crestview High School, 44100 Crestview Rd., Columbiana, OH 44408

Time: 7:30AM Registration

8:30Am 5K Race (Runners only) and 2 Mile Fun Walk

Registration: Pre-Race Day- \$12.00

Race Day- \$15.00 at Crestview Local Auditorium

Shirts are available to the first 200 registrants. Fees are non-refundable.

Registrations received after November 8, 2011 will not be guaranteed a t-shirt.

Awards: First 3 Male & Female Overall; Top 3 Male & Female Masters (age 40 and over); First 3 Male & Female Age Group Finishers

Males: 14 & under, 15-19; 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-79, 80 and older.

Females: 14 & under, 15-19; 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69

No Duplication of Awards

Door Prize Drawings for all participants will be held after the race and before the awards.

(Please detach and mail with check to address below)

Official Rebel Run Entry Form & Waiver

Participant Waiver: In consideration of being permitted to participate in the "Rebel Run", I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with this event. I further waive, released, discharge and covenant not to sue the Crestview Local School District, its officers, members, sponsors, organizers and other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever as a result of taking part in this event and related activities. I also agree to the use of film, photo, audio or videotape of my participation in the event for any purpose.

Please check one: Runner Walker T-shirt size: YS YM YL S M L XL XXL

Last Name _____ First Name _____ Age on race day _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Participant Waiver Signature _____

Parent Signature (if under 18) _____

Please make checks payable to: Crestview Local Schools Wellness Team
And mail with your registration to: Crestview Local School District
44100 Crestview Rd., Columbiana, OH 44408

Questions may be directed to:
Janet Leipheimer, Race Director
330-482-5526 or
jleipheimer@crestviewlocal.k12.oh.us