



September 24, 2011

The event includes a certified 5K and 1 Mile Run/Walk

Awards • Displays • Convenient Parking

Registration/Check-in: 8:00 a.m.

Opening Ceremony: 9:00 a.m.

Run/Walk Start 5K: 9:15 a.m.

Run/Walk Start 1 Mile: 9:25 a.m.

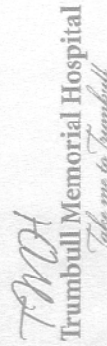
Where: The course begins at the Ireland Cancer Center at Trumbull Memorial Hospital, 1353 East Market Street, Warren and winds through a residential area close to the hospital.

Why: The Pink Ribbon Run/Walk is a fundraising activity held to increase awareness of breast cancer prevention, early detection and survivorship.

Entry Fee: \$10.00 • Day of Race: \$12.00

Pre-register by September 9 and receive a free T-shirt.
Awards: Top finishers of the 5K and 1 mile Run/Walk. Age Group Awards.

For information or registration: 330.841.1900



Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

Gender: M F

5 K RUN/WALK 1 MILE RUN/WALK

Shirt Size: XXL XL L M S Youth L

Cancer Survivor: Yes No

Payment: Make checks payable and send to:
Trumbull Memorial Hospital, 1350 E. Market St., Warren, OH 44482

WAIVER: I understand cross-country running or walking activities present inherent risks, including but not limited to exposure to adverse weather conditions, sprains, broken bones cuts, and bruises. I understand and agree that no special arrangements have been made for the participation of children who may walk, run or ride in strollers in the event with their parent(s) and that Trumbull Memorial Hospital has no obligation to make such special arrangements.

I fully understand the risks and scope of the activities involved in this event, and agree to assume the risks of my participation and/or minor child(ren)'s participation in the event, including the risk of catastrophic injury or death. I hereby release and fully discharge Trumbull Memorial Hospital, its trustees, officers, employees and agents, and all event sponsors, workers, officials and volunteers from all liability in connection with my participation and/or my child(ren)'s participation in this event, or on account of my injury to or illness of my person or death, or for or on account of any loss of damage to any personal property or effects owned by me and/or my child(ren).

I agree to abide by all rules of participation.

I understand that Trumbull Memorial Hospital does not require a medical exam or screening prior to my participation in the event and that it is my responsibility to ascertain whether I am sufficiently physically fit to do so.

Signature: _____ Date: _____
(Parent or guardian if under age 18)