

Embassy Healthcare presents the inaugural

# Spooktacular 5k and 1 mile Casper Crawl

Sunday, October 11, 2015 | Sunny Lake Park, Aurora, Ohio

**Race Start:** Both the 5K race (chip-timed) and 1 mile walk start at 9 AM. Kids 10 and under FREE. \$20 pre-registration fee or \$25 race-day fee. Fee includes DryWick T-shirt for pre-registered, paying registrants; refreshments & CANDY; awards for top finishers.

Costumes are encouraged!



**Race Day Packet Pickup & Registration** at 8 AM at Sunny Lake Park, 885 E. Mennonite Rd., Aurora, Ohio

**Mail-in registration:** Make checks payable to Hermes Sports & Events and mail to: Hermes Sports & Events, 2425 W. 11th Street, Suite #2, Cleveland, OH 44113; Phone: 216-623-9933. Mail-in entries must be received by Hermes by Weds., Oct. 7, 2015.

**Online registration:** Available at [www.HermesCleveland.com](http://www.HermesCleveland.com). Online registration will close at 9 AM on Fri., Oct. 9, 2015.

**Early Packet Pickup:** Available 2 to 5 PM on Friday, Oct. 9 at Embassy Healthcare Solon Pointe at 5625 Emerald Ridge Pkwy, Solon, OH 44139

**Awards:** Best child costume; Best adult costume; Top male and female overall; Top three male and female finishers in the following age groups: 10 and under; 11-19, 20-29; 30-39, 40-49, 50-59, 60 & over.

All proceeds benefit the Alzheimer's Association.



Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Circle Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Circle Event: Spooktacular 5k Run (chip-timed) 1 Mile Casper Crawl

Circle DryFit Shirt Size: S M L XL XXL

Amount Enclosed: \$\_\_\_\_\_ I've added \$\_\_\_\_\_ to fees as a donation to the Alzheimer's Association.

I hereby acknowledge that by entering in the 2015 Spooktacular 5k and 1 Mile Casper Crawl, presented by Embassy Healthcare, that I waive any and all claims for damages that I may have against Hermes Sports and Events, the City of Aurora and Embassy Healthcare, its promoters, sponsors and all others involved in the production of this race, in connection with any and all injuries suffered by me while running, traveling to and/or from, or by participating in this event. This waiver shall be binding on my heirs, executors, and/or assignees. I give my full permission to use any photographs, videotapes or other recordings of me that are made during the course of the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian signature if under 18)