

# READY, SET, GO!!!

The event begins at 8:00 a.m. (rain or shine) at the main entrance of Ohio Valley Hospital. A continental breakfast and awards ceremony will be held after the race for all participants and volunteers.

## Registration and Fee

To register for this event, please complete the attached Registration and Waiver Release Form. **The event fee is \$20 before May 8th and \$25 as of May 9th through race day.** Registration on the day of the event will be open from 6:30 a.m. to 7:45 a.m. at the Hospital's main entrance. Additional registration forms are available at Ohio Valley Hospital's Information Desk and the Kennedy Township Municipal Building. Online registration is also available at [Active.com](http://Active.com).

## Packet and T-Shirt

The first 200 registered participants are guaranteed a t-shirt. You may pick up your race packet at the registration table in front of the Hospital's main entrance on race day. **Packet pick-up will be available for pre-registered participants at Robinson EMS on Thursday, May 9th and Friday, May 10th from 11 a.m. until 7 p.m.** Their address is 998 Church Hill Rd. Pittsburgh, PA 15225; they are located next to the Robinson library and behind the Robinson police station.

## Timing Service and Race Results

All 5K Race participants will be scored using the Miles of Smiles Timing System. Unofficial race results are available immediately following the race at the awards ceremony. Look for official results on [SmileyMiles.com](http://SmileyMiles.com).

## Event Parking

**Free Parking** is available the day of the event in front of the OVH Medical Office Building and across the street at the OVH Willow Senior Living facilities.

## Prizes

Prizes will be awarded to the 1st, 2nd and 3rd place male and female, regardless of age, who cross the finish line.

Results will be based on Miles of Smiles timing system. Medals will be given to the top three male and female finishers in each age group. Top prize winners will not be included in the Age Group Awards. Competitors who do not provide their age at the time of registration are ineligible for a prize or medal.



Top Prizes		
Place	Male	Female
1st	\$150	\$150
2nd	\$100	\$100
3rd	\$50	\$50

  

Age Groups	
9 and Under	
10 to 14	
15 - 19	
20 - 24	
25 - 29	
30 - 34	
35 - 39	
40 - 44	
45 - 49	
50 - 54	
55 - 59	
60 - 64	
65 - 69	
70 and over	

## Ohio Valley Hospital / Kennedy Township 5K Registration Form

The Registration and Waiver Release Form (on back) must be completed for participants to be scored and eligible for prizes.

Online registration is also available at [Active.com](http://Active.com)

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Gender:  Male  Female

### T-Shirt Size:

Adult:  
 S  M  L  XL  XXL  
 Children (Gender Neutral):  
 M  L

Registration	<b>\$20</b>
Late Registration as of May 9th	<b>\$25</b>
Day of Event Registration	<b>\$25</b>
<b>Total Due:</b>	_____

**Waiver Release Form on reverse side must be completed, signed and returned with this Registration Form.**

**Make Check Payable and Mail To:**  
 Ohio Valley Hospital  
 Marketing Department  
 25 Heckel Road  
 Kennedy Township, PA 15136



### Waiver Release Form

In consideration of your acceptance of this entry, I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Kennedy Township, Ohio Valley Hospital, and any other sponsors and their representatives, successors, and their assigns for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a featured entrant, that I am physically fit and sufficiently trained for completion of this event, and my physical condition has been verified by a licensed Medical Doctor. I hereby grant full permission to any and all the foregoing to use my name, likeness, and voice, as well as any photographs, videotapes, motion pictures, recordings, or any other record of this event in which I may appear for any legitimate purpose, including television broadcast of this event, the reuse in any media of this broadcast, and in advertising or promotion for such broadcast, parent/guardian consent is required.

Date \_\_\_\_\_

Participant's Name (Printed) \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Parent/Guardian Name (Printed)  
(if participant is under 18 years old) \_\_\_\_\_

Parent/Guardian Signature  
(if participant is under 18 years old) \_\_\_\_\_

### Bag Check

Bag check will be provided, although Ohio Valley Hospital assumes no liability for loss, theft, or damages. Please do not bring valuables.

For the safety of our participants and volunteers, please leave all large back packs, bags, and coolers at home.

### Awards Ceremony

Please join us after the race for a continental breakfast and the awards ceremony. Both the breakfast and the ceremony will be held behind the OVI Medical Office Building.

### For More Information

Call: 412-777-6313

Web: [OhioValleyHospital.org/](http://OhioValleyHospital.org/)

 Like us on Facebook  
[Facebook.com/OhioValleyHospital](https://www.facebook.com/OhioValleyHospital)

 Follow us on Twitter  
[Twitter.com/OhioValleyH](https://twitter.com/OhioValleyH)

Ohio Valley Hospital  
25 Heckel Road  
Kennedy Township, PA 15136

Ohio Valley Hospital /  
Kennedy Township

# 5K



Saturday  
May 11th, 2019  
8:00 a.m.  
Rain or Shine



Ohio Valley  
HOSPITAL  
part of Heritage Valley Health System

