




Sunday, September 15th, 2019 9:00am

**Race Location: Medina Hospital
1000 East Washington Street**

 Follow us on Facebook
@Race with Grace

(T-shirt available to the first 600 registrants)

Entry Fees:

\$25 Pre-Registration by September 5th

\$30 Race Day Registration

5K Race Awards:
Top female and male runners overall,
and top three women and men
in the following age groups:
10 and under, 11-14, 15-19, 20-24, 25-29, 30-34
35-39, 40-44, 45-49, 50-54, 55-59, 60 and over

Pre Registration Pick-Up
5 p.m. - 8 p.m. @ Buffalo Wild Wings
Thursday, September 12th in Medina
20% of dining proceeds go to the MGMF



Team Registration
See web site for details
www.racewithgrace.com
Men's and Women's T-Shirts
with TEAM name on back

Mail form with entry fee to: Race with Grace, P.O. Box #1822, Medina, Ohio 44258
or Sign up on line at verticalrunnerm.com

Family Name: _____
 Address: _____ Phone Number: (____) _____
 City: _____ State: _____ Zip: _____ Email Address: _____

First Name	5K or Walk		Age	Gender	T-Shirt Size	Total Number of Registrants
	<input type="checkbox"/>	<input type="checkbox"/>				
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="text"/>

Amount Paid
 Checks Payable to: **MGMF**

Waiver: In consideration of your acceptance of this entry, I here by, my myself my heirs, my executors and administrators waive any and all rights and claims for damages I may have against The Mary Grace Memorial Foundation, any sponsors coordinating groups, municipalities, and any individuals associated with this event, and their respective representatives, successors, and assigns arising for any and all injuries suffered by me in this event. I am aware that at least part of the race/walk is on public roads and vehicular traffic may be encountered. I also give permission for the free use of my name and picture in any broadcast, telecast, web site or print media account of this event. In filling out this form, I acknowledge that I have read and fully understand my own liability and to accept these restrictions and conditions. I further attest and certify that I am physically fit and thoroughly trained for this event.

Signature _____ Date _____ Signature of Parent or Guardian (if under 18) _____

Sponsorship Opportunities Available @ www.racewithgrace.com