



**Pomerene
Health Foundation**

Pomerene Health Foundation Fall Trail Run

**18th
Annual**

SATURDAY SEPTEMBER 3, 2016

Half Marathon (13.1 miles) - 7 a.m. (registration begins at 6:30 a.m.)

10 K Run (6.2 miles) - 7:30 a.m.

5K Run (3.1 miles) - 8:00 a.m.

Fun Walk (2 Miles) - 9:00 a.m.

For online registration, please visit:

<https://runsignup.com/Race/OH/Millersburg/FallTrailRun>

THE FALL TRAIL RUN WILL TAKE PLACE AT:

Millersburg Depot, Holmes County Trail

PRE-REGISTRATION FOR 10K, 5K, AND FUN WALK:

*\$25 (includes t-shirt, * while supplies last)*

Day of the Event : \$30

HALF MARATHON RUNNERS:

\$60 (must pre-register to reserve Tek shirt)

Day of the Event : \$ 65

Sign-In begins at 6:30 a.m. or 1/2 hour before the event.

To Register by mail, please fill out the form on back and send to:

Pomerene Health Foundation

Attn: Callie Selders

981 Wooster Road, Millersburg, Ohio 44654

For more information, please contact

Callie Selders at 330-674-1584 ext. 1100

Or email callies@pomerenehospital.org



<http://ohiochallengeseries.com>





Pomerene
Health Foundation

Fall Trail Run

**18th Annual
September 3, 2016**

Please fill out the registration form and mail it to Pomerene Foundation Attn: Callie Selders, 981 Wooster Road, Millersburg Ohio 44654 or register online.

<https://runsignup.com/Race/OH/Millersburg/FallTrailRun>

*******Please complete all areas of the form *******

**Make Checks payable to Pomerene Health Foundation
981 Wooster Road - Millersburg, Ohio 44654**

Name: _____ Male/Female _____ Age _____
Address _____ City _____ State _____ Zip _____
Telephone: (____) ____ - _____ Email: _____

Event: (*circle one*) 1/2 Marathon 10K 5K 2 Mile Fun Walk

Shirt Size (*circle one*) Small Medium Large X-Large XX- Large

**Marathon runners must pre-register to receive a Tek shirt.
Other t-shirts while supplies last so register early!**

WAIVER OF LIABILITY

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against Pomerene Foundation/Pomerene Hospital and its affiliates, their agents, employees, officers, directors, successors and assign, the city of Millersburg and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Fall Trail Run and any pre- and post- event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising without monetary payment to me.

Signature

Date