

D-Feet Diabetes

Presented by OhioHealth



D-Feet Diabetes 5K Walk/Run or 1 Mile Walk

Sunday, April 30, 2017 at 2:00 p.m.

Race Day Registration Begins at 12:30 p.m.

Ontario High School Track, 467 Shelby Ontario Road, Mansfield, Ohio

Registration Fee \$20.00

Proceeds benefit the OhioHealth Mansfield Hospital Diabetes Education Scholarship Fund

Awards: Top 3 Overall Finishers (Men and Women) and Top 3 in Each Age Group

For additional information, contact OhioHealth Endocrinology Physicians, (419) 522.2734.

Registration Information

Those submitting registration forms with postmarks on or before April 19, 2017 are guaranteed an event t-shirt.

- **Cash or Check Registration**
Payment via cash or check can be completed by sending completed forms and payment to OhioHealth Endocrinology Physicians at 335 Glessner Avenue, Mansfield, Ohio 44903.
- **Credit Card Registration**
Payment via credit card can be completed by visiting OhioRaceDay.com

First Name	Last Name	Gender	Age on Race Day
Address			
City	State	Zip code	
Email	Phone		
Please Select a Race: <input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk <input type="checkbox"/> 1 Mile Walk			
Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XXL <i>(guaranteed with pre-registration by April 19, 2017)</i>			
Is Participant Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No			

I know that running or walking a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the race. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself, and anyone entitled to act on my behalf, waive and release OhioHealth MedCentral Endocrinology and all persons, sponsors and entities from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Parents or Legal guardian must sign release if participants are under the age of 18 years old on the date of the race. Entry fees are non-refundable.

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Signature of Runner

Date

Signature of Parent or Guardian