

# Coshocton Firefighters

## IAFF Local 216

## 5K Run & Walk

## Benefits MDA



**Date: August 9, 2008**

**Registration: 7:30 a.m. – 8:15 a.m.**

**Race Time: 8:30 a.m.**

**Location:**

**Coshocton County Court House**

**This 5K Run & Walk is a benefit to  
raise awareness for Muscular  
Dystrophy Association**

**Door Prizes & Awards**

**Contact: Coshocton Firefighters**

**Phone: 740-622-2555**

**Email: [swilson@coshoctonfire.org](mailto:swilson@coshoctonfire.org)**

**Coshocton Firefighters 3rd Annual 5K Run/Walk**  
**For**  
**Muscular Dystrophy Association**  
**Saturday August 9, 2008**  
**Coshocton County Court House**  
**Registration: 7:30 a.m. – 8:15 a.m.**  
**Race time: 8:30 a.m.**

**About This Event**

This 5K Run/Walk is a benefit to raise awareness for Muscular Dystrophy Association. The MDA is a voluntary health agency- a dedicated partnership between scientists and concerned aimed at conquering neuromuscular diseases that affect more than a million Americans.

MDA combats neuromuscular diseases through programs of worldwide research, comprehensive medical and community services, and – far reaching professional and public health education.

**Registration Location and Entry Fee**

Pre-registration fee \$20.00, Race day registration fee \$25.00. Registration table will be at the gazebo on the court square lawn. Donations to the MDA greatly appreciated. Please make checks payable to **Coshocton Firefighters Local 216 5K.** No refunds will be issued; money will be donated to the MDA.

**Race Course**

Race to be held on the streets of Coshocton with some rolling hills. Race route will be clearly marked. Race time will be approximately 8:30 a.m.

**Awards**

Free T-Shirt to the first 75 applicants. Awards will be given to the top finishers of each age group. All participants are eligible for door prizes

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Name \_\_\_\_\_

Address \_\_\_\_\_

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Telephone No. \_\_\_\_\_

Age Group: 19 & under \_\_\_\_\_ 20-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50 & over \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

Shirt Size: M \_\_\_\_\_ L \_\_\_\_\_ XLG \_\_\_\_\_

We will do our best to provide shirt size requested.

Send Registration form to:

Coshocton Firefighters 5K Run/Walk for MDA  
c/o Cory Wilson  
325 S. 7<sup>th</sup> Street  
Coshocton, OH 43812

Questions call: 740-622-2555 (Coshocton Fire Department)

Waiver and Release: In consideration of the acceptance of the entry, I waive myself and my heirs and all claims for damages against the sponsors of the Coshocton Firefighters 5K Run/Walk and their representatives and all race officials and volunteers for injuries received during and as a result of this event. If I should suffer injury or illness, I authorize officials at the race to use their discretion to have me treated and be transported to a medical facility and I take full responsibility for this action. I certify that I am physically able and have sufficiently prepared for this event. I understand and agree to the waiver and release.

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Participant Signature

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Date

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Parent or Guardian, if under 18 years of age Date