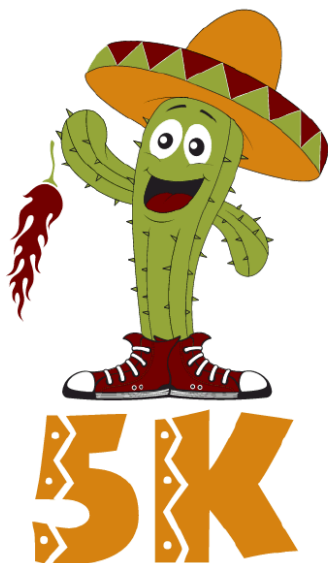


EL CENTRO CINCO DE MAYO



Saturday May 2nd, 2015

Come and enjoy fun, fitness and friends! No matter what your pace!
Baby strollers and dogs welcome. T-shirt and goodie bags at sign in.

Medals for top three males and females runners
& top female/male finisher in each age group

13-15, 16-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+

7:30 a.m. Packet Pickup and Same Day Registration 9:00 am Start Time

At **Bur Oak Park** 6150 Ford Road Elyria, OH 44035

Mail registration form before April 24, 2015 to:

El Centro de Servicios Sociales, Inc.

Attn: Cinco de Mayo 5K,
2800 Pearl Avenue
Lorain, Ohio 44055

PLEASE MAKE CHECKS PAYABLE TO: El Centro de Servicios Sociales, Inc.

Entry fees (Run/Walk): \$20 pre-registration, \$25 day of race

\$10 for Kids 12 and Under

Team of 6 \$100 (Must be turned in and paid together)

Contact information: mpedraza@lorainelcentro.org

NAME: _____ (print)

AGE: _____ MALE: _____ FEMALE: _____ PHONE NUMBER: _____

ADDRESS: _____

Check if team ☐

EMAIL: _____ Team Name _____

T SHIRT SIZES: (circle size) XS S M L XL XXL T-shirt sizes are adult sizes

PLEASE SIGN AND SIGN RELEASE: I know that running a race is potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in races, including, but not limited to: falls, contact with other participants, the effect of the weather, in the conditions of the race course, all risks being known and appreciated by me. Having read this waiver and knowing the facts and in consideration of your acceptance of my entry in the race, I, for myself and anyone entitled to act on my behalf, waive and release El Centro de Servicios Sociales, Inc, the directors of this race, the 5K committee, all sponsors, their representatives and successors, from all claims or 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 the waiver. I grant permission to all the foregoing to any photograph(s), recordings or any other record for legitimate purpose.

SIGNATURE (PARTICIPANT/GUARDIAN) _____

DATE _____