# 9TH ANNUAL
# CLEVELAND HEROES RUN

*"Cleveland's most scenic and challenging five mile race"*

TAC# OH-07039PR

## SEPTEMBER 19, 2010

***Signature Sponsor:*** Fairview Hospital a Cleveland Clinic hospital

**Race Schedule/Parking:**
Both races start and finish at Saint Joseph Academy in Cleveland (3430 Rocky River Drive). Parking is available at Saint Joseph Academy and Kamm's Plaza.

7:15 a.m. Mass Begins
7:30 a.m. Day of Race registration opens
8:10 a.m. Opening Ceremonies
8:30 a.m. 2 Mile Fun Run/Walk
8:35 a.m. 5 Mile Run
9:30 a.m. Kids Race (Academy Track)

**Entry Fees:**
Kids Race (FREE)
$18 Pre-registration by Tuesday, September 14, 2010
$20 Late Registration & Race Day Registration
*Tee Shirts to first 1,000 Pre-Registrants*
Strollers, roller blades, wagons and leashed pets WELCOME in the 2-mile Fun Run/Walk. **No scooters or bicycles.**

**5 Mile:** 14 & under, 15-17, 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 & over

**2 Mile Fun Run/Walk:** 6-7, 8-9, 10-11, 12-13. Only runners or walkers are eligible for the awards.

**Kids Only Race:** for children 7 and younger (free, no registration required, each participant will receive a special award) – begins after 5 Mile Race.

**5-Mile Awards:** Top three overall male and female and first three male and female runners in each age division.

**2-Mile Awards:** Top two overall male and female and first two male and female runners in each age division.

**Race Packet Pick-Up & Registration: (Saint Joseph Academy)**
Pick-up your race t-shirt, race bib, and goodie bag on Friday, Sept. 17, from 5-7 p.m.; Saturday, Sept. 18, from 11a.m. - 2 p.m. and/or Sunday, Sept 19, from 7:30-8:15 a.m. before the race.

**JOIN US FOR A GREAT MORNING RUN TO HONOR THE MEMORY AND THE FAMILIES OF OUR FALLEN HEROES.**
**100% OF PROCEEDS BENEFIT THE WEST PARK CLEVELAND POLICE & FIRE FIGHTERS MEMORIAL FUND.**
For more information visit www.clevelandheroesrun.com; email clevelandheroes@aol.com or DavidCamerino@msn.com; or call Tom Ross at (216) 990-8117.

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## Register and Pay Online at www.clevelandheroesrun.com

Mail or drop off form/fee to: **CPPA**, ATTN: Cleveland Heroes Run, 1303 West 58th Street, Cleveland, OH 44102, 216-990-8117
DROP OFF ONLY until 9/14/10 at: **Second Sole,** 19341 Detroit Avenue, Rocky River, OH 44116, (440) 895-1311, (during store hours)
**Local 93,** 3886 Rocky River Drive, Suite 3, Cleveland, Ohio 44111 ~ 216-252-5900 (Drop box in front)

_____
**Last Name** **First Name**

_____
**Address**

_____
**City, State, Zip Code**

_____
**Area Code/Telephone** **E-mail address**

**Sex:** ____ M ____ F **Age on Race Day:** _____ **Date of Birth:** _____

**Select your event:**

____ 5-mile Race ____ 2-mile Fun Run/Walk

**Tee Shirt size:** ____ Youth Medium ____ Youth Large ____ Adult Small

_____ Adult Medium _____ Adult Large ____ Adult XL ____ Adult XXL

**Race Fee $18**_____
**Additional shirts $15 Size**_____
**Total Amount Enclosed: $**_____

**CHECKS PAYABLE TO: West Park Cleveland Police & Fire Fighters Memorial Fund**

**Waiver:** I attest that I am physically fit and have trained to participate in this event. I have full knowledge of the risks involved. I further acknowledge that the race course may contain uneven surface conditions, including but not limited to potholes, curbs, sewer covers, grassy fields, tree branches, and rocks which may create risk. I am aware that at least part of the race is on public roads and vehicular traffic may be encountered, and I accept these risks. In consideration of the acceptance of my entry, I for myself, my executors and administrators waive, and release any and all rights and claims for damages I may have against the West Park Cleveland Police & Fire Fighters Memorial Fund, St. Joseph Academy, the City of Cleveland and its Police and Fire Departments, the Cleveland Metroparks, event organizers, sponsors and contributors and any individuals associated with this event and will hold them harmless for any and all injuries I may suffer in conjunction with this event.

_____ _____
**Signature of Race Participant** **Date**

_____ _____
**Signature of Parent/Guardian** **Date**
**(If Race Participant is under 18 years of age)**

**Rev 07/02/10**