

Dayton Physicians Foundation for



2nd Annual Dayton Physicians Foundation for HOPE 5k Run/Walk

**Sunday, September 25, 2022, at 9:00 am. at James Trent Arena, Kettering Fairmont High School,
3301 Shroyer Road, Kettering, OH 45429**

Dayton Physicians Foundation 5k Run/Walk for HOPE net proceeds will be used to support local patients undergoing cancer treatment with their non-medical bills, such as overdue rent/mortgage payments, utility bills, transportation to and from treatment appointments and meals for them and their families.

Register Online - \$30 Pay with debit/ credit card

<https://runsignup.com/Race/OH/Dayton/DaytonPhysicians5kforHope> Registration fees are non-refundable.

Register by Mail - \$30

Send form and check to be post marked by September 10, 2022. Make checks payable to “Dayton Physicians Foundation for Hope.” Registration fees are non-refundable.

Dayton Physicians Foundation for Hope

c/o Dayton Physicians Network

2300 Miami Valley Drive, Suite 270

Centerville, OH 45459

Race Day Registration- \$30 – Registration begins at 8:00am on September 25, 2022. Registration will be done online.

Shirts

T-shirts are guaranteed to everyone registered by September 14, 2022. No-shows will not receive a t-shirt. Extra shirts distributed to race day registrants following race, on a first come, first served basis.

REGISTRATION FORM-ONE FORM PER PARTICIPANT - MUST BE RECEIVED BY September 21, 2022.

Name (Last, First) _____ Age _____

Birth Date _____ M or F _____

Address _____

City, State, Zip _____

Email Address _____

Daytime Phone _____

Emergency

Name/Number _____

Unisex Shirt Size - YS___ YM___ YL___ S___ M___ L___ XL___ XXL___ XXXL___

Shirt Color - Pink (Breast)___ Light Blue (Prostate)___ Dark Blue (Colon)___ White (Lung)___
Red (Blood)___ Light Purple (All other cancers) ___

(Register by September 17, 2021 to be guaranteed a shirt)

+\$2 to registration fee for XXL & XXXL

Team Name (if applicable)

How did you hear about this 5K? _____

Cash Check # _____ Amount: \$ _____

RELEASE OF LIABILITY - PLEASE READ BEFORE SIGNING: In consideration of the acceptance of my entry, I hereby waive, for myself, any executors, administrators and assignees, all claims of any nature arising from my participation in the "Dayton Physicians Foundation 5k Run/Walk for HOPE" event, and do thereby release Dayton Physicians Foundation for Hope, the City of Kettering, Kettering School District, all sponsors, workers, officials, and volunteers from any claim whatsoever arising from any participation in the event. Further, I grant permission to all of the foregoing to use my image, name and/or likeness as may be captured in any photographs, motion pictures, recordings, or any other record of this event for promotional and other legitimate purposes.

Signature _____

Date _____

Parent/Guardian Signature if participant is under age 18:

Your donation is tax-deductible to the extent the law allows and is credited to the Dayton Physicians Foundation for Hope at 2300 Miami Valley Drive, Suite 270, Centerville, OH 45459. Please make a copy of this receipt for your records.

For further information or call Tara Bartley, Race Coordinator, at (937) 818-3457.