



4th Annual Dayton Physicians Foundation for HOPE 5k Run/Walk

Saturday, September 28, 2024, at 9:00 am. at Welcome Stadium, 1601 S. Edwin C. Moses Blvd., Dayton, OH 45417

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 14, 2024. Make checks payable to “Dayton Physicians Foundation for Hope.” Registration fees are non-refundable.

Dayton Physicians Foundation for Hope
c/o Dayton Physicians Network
3120 Governors Place Blvd
Dayton, OH 45409

Race Day Registration- \$35 – Registration begins at 8:00am on September 28, 2024. Registration will be done online.

Shirts

T-shirts are guaranteed to everyone registered by September 18, 2024. 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 27, 2024.

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 18, 2024 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 Dayton, Welcome Stadium, 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 3120 Governors Place Blvd., Dayton, OH 45409. Please make a copy of this receipt for your records.

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