

**CLASSIC****Cleveland Clinic****Classic Lexus Welcomes You and Your Family to this Great Event!**

Classic Lexus, Willoughby Hills Family Health Center &amp; the City of Willoughby Hills present the 6th Annual

# Classic Willoughby Hills Wellness Run/Walk

**Sunday, October 6th, 2019 • A special event for the whole family****PLACE**

The run and walk will depart from:  
**Classic Lexus**  
2551 SOM Center Road  
Willoughby Hills, Ohio 44094

**Family activities and screenings onsite.****PARKING**

**Willoughby Hills Family Health Center**  
2570 SOM Center Road  
Willoughby Hills, Ohio 44094

Walk across the street to Classic Lexus

**TIME**

8am - Registration and check-in

9am - Run begins, followed by walk

**TIME**

5K run or walk

1 mile walk

**FEES**

**5K Run/Walk:** \$20 if registered online\*  
or if postmarked by **September 23, 2019.**  
\$25 after 9/23/19 thru race day.

**1 Mile Walk:** \$15 if registered online\*  
or if registration is postmarked by  
**September 23, 2019.**

\$20 after 9/23/19 thru race day.

**Register online:**

[www.greaterclevelandXC.com/classic6th](http://www.greaterclevelandXC.com/classic6th)

**Proceeds to benefit:**  
**Harvest for Hunger/St. Noel's**  
**Food Pantry**

**Everyone who brings a donation  
(canned good) on race day will  
receive a free gift.**

**AWARDS**

Awards provided to top overall female and male runners. Runners in the top three in each of the following age groups (male and female): 15 and under\*\*, 16-22, 23-30, 31-39, 40-49, 50-59, 60+  
\*\*(children must have adult supervision at all times)

**T-Shirts guaranteed for the first  
200 registrants. Refreshments will  
be available for the walkers &  
runners at the end of the event.**

**City of Willoughby Hills**

Name \_\_\_\_\_

 M    F   Age \_\_\_\_\_

Address \_\_\_\_\_

 5K Run    1-Mile Walk

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

T-shirt size (adult):  
 S    M    L    XL    XXL

Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

*In consideration of your accepting this entry, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Cleveland Clinic, Classic Lexus, Second Sole, and the City of Willoughby Hills, their representatives, successors, and assigns for any and all injuries suffered by me in said event or in transit to and from said event. I further attest that I am physically fit and have sufficiently prepared for this event. I will additionally permit the use of my name and/or pictures in the Cleveland Clinic's publications.*

Signature \_\_\_\_\_

**SEND ENTRY FORM &  
MAKE CHECKS PAYABLE TO: CLASSIC LEXUS****SECOND SOLE**

8791 Mentor Avenue

Mentor Ohio 44060

440-290-0185

