

CLASSIC



Classic Lexus Welcomes You and Your Family to this Great Event!

Classic Lexus, Willoughby Hills Family Health Center & 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

**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.**



Name _____

Address _____

City _____ State _____ Zip _____

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 _____

☐ M ☐ F Age _____

☐ 5K Run ☐ 1-Mile Walk

T-shirt size size (adult):

☐ S ☐ M ☐ L ☐ XL ☐ XXL

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

SECOND SOLE
8791 Mentor Avenue
Mentor Ohio 44060
440-290-0185

