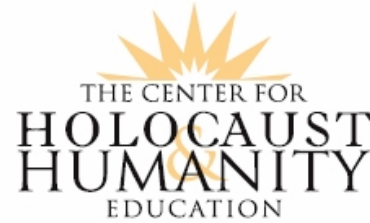




All proceeds support the work of:



# “The Great Human Race”: Transforming one step at a time 5 & 10k Run/Walk

2pm on Sunday, May 16,  
at  
Lunken Airport Playfield

Supporting The Center for Holocaust and Humanity Education's efforts  
to remember, inform, and transform

## Official Pre-Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Gender: Male Female Age: \_\_\_\_\_ Category (circle one): Runner Walker

\$25, or \$20 if you register before May 1st

Pre-Registration (includes T-shirt) Circle T-shirt size: S M L XL XXL

Make check payable to: The Center for Holocaust and Humanity Education

Enclosed is my pre-registration fee/donation for the  
“The Great Human Race” 5 and 10k Run/Walk: \$ \_\_\_\_\_.

I will collect and bring donations from my sponsors to the check-in on race day.

Pre-Registration must be postmarked by Saturday, May 8th, 2010. Mail this form and check to: The Center for Holocaust and Humanity Education, 8401 Montgomery Road, Cincinnati, Ohio 45236.

Online registration available at [www.sprunning.com](http://www.sprunning.com) until Thursday, May 13, 2010.

WAIVER: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the “The Great Human Race” 5 and 10k Run/Walk and do hereby release the race director, Steve Prescott, Lunken Airport Playfield, The Center for Holocaust and Humanity Education and all sponsors, workers, officials, and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks for such an event, and have trained adequately in preparation. I HAVE NOTED ANY MEDICAL CONDITION ON THIS FORM.

Entry Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent signature required for those under 18)

List medical conditions: \_\_\_\_\_

In case of medical emergency contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_