



FISHER | TITUS  
MEDICAL CENTER

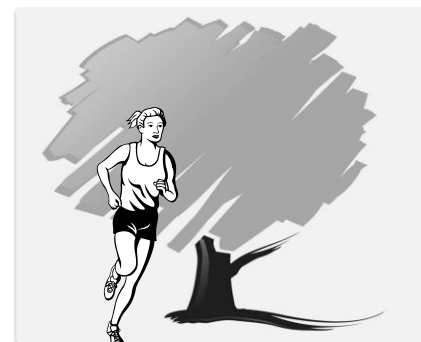
Simply Smarter Care

# 1<sup>ST</sup> ANNUAL FTMC 10-Miler

*Hosted by Norwalk Parks & Recreation*

**August 27, 2011**

**Start Time: 8am**



Fisher-Titus Medical Center is pairing up with Norwalk Parks & Recreation to bring you the First Annual 10-Mile Trail Run. The double 5-mile loop course will be set-up at *Veterans Memorial Lake Park* (Norwalk Reservoir, north entrance). This beautiful course will take runners through the park encompassing dirt, gravel, and grass trail ways. This is a true nature enthusiast's course. Awards will be presented to top male/female times overall and first and second place in each of the following age groups: 13 & under; 14-19; 20-29; 30-39; 40-49; 50-59; 60 & older.

**Cost: \$30 - before 8/21      \$40 - 8/22-Day of Event**  
*(T-shirt available only through 8/21 deadline)*

***Make checks payable to: The City of Norwalk***

***Return registration form to: The Ernsthansen Aquatic Center***

***Attn: Niki Cross      100 Republic Street      Norwalk, OH 44857***

***For further information contact (419) 663-6775 ext. 30 or nikiraney@yahoo.com***

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

Gender (circle):    M      F

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

Shirt Size: S    M    L    XL    XXL

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I agree that I will not hold Fisher-Titus Medical Center, The City of Norwalk, Norwalk Parks & Recreation Department or any other organizing parties liable for any injuries incurred during the FTMC 10-Miler. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the RACE. The Athlete is fully aware of the risks and hazards inherent in participating in the RACE and hereby elects to voluntarily compete in the RACE, knowing the risks associated with the RACE. The Athlete hereby assumes all risk of loss(s), damage(s), or injury(s) that may be sustained by him/her while participating in the RACE. I assume all responsibility as a result of being permitted to participate in this event

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Front Desk Use Only  
Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Pay Type \_\_\_\_\_