



# Alpha Zeta Omega American Cancer Society 5K Walk/Run

Sunday, April 20<sup>th</sup> 9:00am at the University of Toledo

**Location:** Race begins at the Law Field - 2801 West Bancroft, Toledo and runs throughout campus

**Time:** Check-in and registration begins at 7:30 am and the race starts at 9:00 am for runners and 9:05 am for walkers

**Cost:** \$10 registration fee and all proceeds go to the American Cancer Society

**Registration:** Pre-register by mailing in form or register on race day. Registration closes at 8:45 am April 20.

**Free t-shirts to first 70-140 runners to check-in/register on race day**

A few ways to enter:

1. Please send completed registration form and a check or money order to:  
Alpha Zeta Omega  
University of Toledo College of Pharmacy  
2801 West Bancroft Street, Mail stop 608  
Toledo, OH 43606
2. Register on race day by 8:45am
3. Turn in form to the AZΩ mailbox in the College of Pharmacy Resource Center
4. Questions? Please contact Nichole Zvansky at [nzvansk@utnet.utoledo.edu](mailto:nzvansk@utnet.utoledo.edu) or 740-816-0423
5. Check us out at [www.azosigma.com](http://www.azosigma.com)

Please Detach and Return

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender M F (circle one) Are you racing in dedication or honor of someone? Yes No

In consideration of the acceptance of my entry in the Alpha Zeta Omega American Cancer Society 5k, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for any damages and losses which I may have against Alpha Zeta Omega, the University of Toledo, the city of Toledo, or the American Cancer Society, and any person or organizations connected with this event from all responsibility for any injury to person or property traveling to, participating in and returning from this event. I am aware that I may be running in conditions that could test my physical limits and carries with it potential for death and serious injury. I certify that I am physically fit and have trained sufficiently to handle these conditions.

Signature Required \_\_\_\_\_ (parent of guardian if under 18) Date \_\_\_\_/\_\_\_\_/\_\_\_\_