

Duathlon & Pump N Run



Nordonia Hills Chamber of Commerce

2.5M Run – 10M Bike – 2.5M Run

LOCATION: Sagamore Hills Medical Center 885 W. Aurora Rd. (82), Bldg 2 Sagamore Hills, OH 44067	DATE: Saturday, May 21 TIME: Registration - 7:15 AM Race Begins - 8:30 AM Course Closes - 10:30																					
AWARDS: Top 3 male & female participants Top 3 Relay Teams	GIVEAWAYS: T-shirts to first 200 entrants, goodie bags, refreshments																					
AGE DIVISIONS: Men: 13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+ Women: 13-19, 20-24, 25-29, 30-34, 35-39, 40-49, 50-59, 60+ Clydesdale: (200 + pounds)	<table border="1"> <thead> <tr> <th></th> <th>ENTRY FEES</th> <th>Pre-Registration*</th> <th>Race Day</th> </tr> </thead> <tbody> <tr> <td rowspan="2">DUATHLON:</td> <td>Individual</td> <td>\$32</td> <td>\$37</td> </tr> <tr> <td>Relay</td> <td>\$42</td> <td>\$47</td> </tr> <tr> <td rowspan="3">PUMPING EVENTS:</td> <td>Pump N' Duathlon</td> <td>\$44</td> <td>\$49</td> </tr> <tr> <td>Pump N' Run</td> <td>\$35</td> <td>\$40</td> </tr> <tr> <td>Pump N' Row</td> <td>\$25</td> <td>\$30</td> </tr> </tbody> </table>		ENTRY FEES	Pre-Registration*	Race Day	DUATHLON:	Individual	\$32	\$37	Relay	\$42	\$47	PUMPING EVENTS:	Pump N' Duathlon	\$44	\$49	Pump N' Run	\$35	\$40	Pump N' Row	\$25	\$30
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*Pre-Registration deadline is Thursday, May 19, 2011, for online registration. Mail in registration must be received by Wednesday, May 18, 2011.

**Relay Registrations must be mailed in together. Relay Team consists of M/M, F/F and COED.

Register Online for Duathlon or Pump N' Run Options at www.hermescleveland.com

REGISTRATION & PACKET PICK-UP INSTRUCTIONS:

Send or drop off check or money order to Hermes, 1624 St. Clair Ave., Cleveland, Ohio 44114. Entry forms may be dropped off at Sagamore Hills Medical Center, Sports Medicine, 863 W. Aurora Rd. Packet pick-up and race day registration begins at 7:15 AM at Sagamore Hills Medical Center, bldg two, first floor. Make checks payable to Hermes. Questions? **CALL Hermes at (216) 623-9933.**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Category: Individual Duathlon Team Relay
 Pump N' Run Pump N' Duathlon Pump N' Row

If applicable Clydesdale Police Officer FireFighter/EMS

Sex M F Date of Birth ___/___/___ Age on Race Day _____

Shirt Size: S M L XL

Relay Team Name _____

In consideration of acceptance of this entry, I hereby agree to absolve and hold harmless of blame and liability, waiving all rights and claims for damage, I or my heirs, executors, may have against Hermes, the Nordonia Hills Chamber of Commerce and its officers, Record Publishing, the event's sponsors and volunteers, the Sagamore Hills Medical Center, or the Cuyahoga Valley Recreation Area, their employees, agents, representatives, successors and assigns and others associated with this event, wither singly or collectively resulting from any injury, harm, loss or damage, misadventure or inconvenience suffered or sustained as a result of participating in the Nordonia Hills Chamber of Commerce Duathlon and Pump N' Run and its associated activities. I give permission for free use of my name and/or photograph in any broadcast telecast or other account of this event for promotional purposes.

Signature of Runner _____

Date _____