



**2.5 Mile Run—10 Mile Bike—2.5 Mile Run
1 Mile Community Fitness Walk
Sat., May 13, 2017
Partial proceeds to benefit the NHCOC Scholarship Fund**

DATE: May 13, 2017 LOCATION: Sagamore Hills Medical Center 885 W. Aurora Rd. Bldg. 2 Sagamore Hills, OH 44067	TIMES: Registration—7:30 am Duathlon—8:30 am Fitness Walk—9:00 am Course Closes—10:30
AWARDS: Top 3 male & female Duathlon participants Top male, female, coed relay team	PRE-REGISTRATION RACE DAY
AGE DIVISIONS	DUATHLON: Individual \$40 \$50 Relay \$50 \$60 FITNESS WALK: Individual \$10 \$15
MEN: 13-19, 20-26, 27-33, 34-40, 41-46, 47-53, 54-59, 60+ WOMEN: 13-19, 20-26, 27-33, 34-40, 41-46, 47-53, 54-59, 60+ CLYDESDALE: 200+ lbs.	Custom event t-shirt to those who register by May 1 Goodie bag; Post-race refreshments Online registration & results

The Community Fitness Walk is a non-competitive event. No awards will be given. Pre-Registration deadline is Thursday, May 11, 2017 for online registration. Mail in registration must be received by Wednesday, May 10, 2017.

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

Register Online — <http://nordoniahillschamber.org/duathlon/>



<https://www.facebook.com/NH Duarte>

REGISTRATION INSTRUCTIONS:

Send check or money order to NHCOC, P O Box 34, Northfield, OH 44067. Race day registration begins at 7:30 AM at Sagamore Hills Medical Center, bldg two, first floor. Make checks payable to Nordoniahills Chamber of Commerce. Questions? **CALL NHCOC at 330-467-8956 or laura@nordoniahillschamber.org.**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Category: Individual Duathlon Team Relay

Fitness Walk Clydesdale

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

Shirt Size (Mens 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 the Nordoniahills Chamber of Commerce and its officers, the event's sponsors and volunteers, the Sagamore Hills Medical Center, or the Cuyahoga Valley National Park, their employees, agents, representatives, successors and assigns and others associated with this event, whether singly or collectively resulting from any injury, harm, loss or damage, misadventure or inconvenience suffered or sustained as a result of participating in the Nordoniahills Chamber of Commerce Duathlon 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 participant _____ Date _____



Every life deserves world class care.

