



**Join the Cleveland West Road Runners for the 44th Fall Classic  
Half Marathon & 5K**

**Bonnie Park Reservation – Cleveland Metropark near Strongsville**

The course is a double loop, flat, fast course mostly on the scenic valley parkway road and the 1/2 marathon course is USATF certified. The race is capped at 1000 runners.

Terrific pullover will be included for first 900 paid registrations (adult sizes only).

*Children 14 & under running free do NOT receive a pullover unless purchased separately.*

**HALF MARATHON PRICING**

\$45 through September 30th  
 \$60 from October 1 - November 17  
 \$65 November 18 - November 23  
 \$70 November 24 (race day)  
*Kids 14 & under free but without pullover (\$20 with pullover)*

**5K PRICING**

\$25 through September 30  
 \$30 October 1-November 17  
 \$35 November 18 - November 23  
 \$40 November 24 (race day)  
*Kids 14 & under free but without pullover (\$20 with pullover)*

**For more info and to register online: [www.clewestrunningclub.org](http://www.clewestrunningclub.org)**

Thank you to our partners & sponsors including: Chick-fil-A North Olmsted, Second Sole Lakewood, Applebee's, NovaCare Rehabilitation  
 Greater Cleveland XC, Cleveland Metroparks

**To mail: send this form & payment to:** Cleveland West Road Runners, Attn: Fall Classic, P.O. Box 771011, Lakewood, OH 44107-0044

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Gender:  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**MALE pullover size:** XS  SM  MD  LG  XL  2XL   
**FEMALE pullover size:** XS  SM  MD  LG  XL  2XL   
**RACE EVENT** Half Marathon  5K

**Make check payable to:** CWRRRC /Fall Classic  
**Address:** P.O. Box 771011 Lakewood, OH 44107

**Check here if CWRRRC 2019 Member:**

**Signature:** *(Parent's signature if runner is under 18 yrs)*  
 Review waiver below before signing.

**OFFICIALS USE ONLY**  
 Check # \_\_\_\_\_  
 Bib # \_\_\_\_\_

# WAIVER

*Please read carefully before signing below and be certain to understand the implications of signing.*

## WAIVER, RELEASE AND ASSUMPTION OF THE RISK AGREEMENT – CLEVELAND WEST ROAD RUNNERS CLUB

I have voluntarily elected to participate in a Cleveland West Road Runners Club event (the "Event"). In consideration for being allowed to participate in the Event, I represent, acknowledge and agree as follows:

**GENERAL RELEASE** I acknowledge and agree that this Waiver, Release and Assumption of the Risk Agreement ("Agreement") covers and is intended to release and provide other benefits, legal protections, and consideration to Cleveland West Road Runners Club, and its respective and collective agents, officers, affiliates, volunteers, members, sponsors, and all other persons or entities acting in any capacity on its respective or collective behalf (collectively, "CWRRC").

**RELEASE OF POTENTIAL INJURIES** I acknowledge and agree that there are inherent risks and hazards associated with participating in the Event and that physical exercise can be strenuous and subject the participant to a number of serious risks. These risks include serious physical or emotional injury, illness, paralysis, death, damage to myself, and/or third parties, and damage to personal property of any or all such persons. I understand that such risks cannot be eliminated, and I further agree that my participation in the event is for recreational purposes and completely voluntary. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

**VOLUNTARY ASSUMPTION OF RISK** I am aware of all such risks and I understood those risks. I acknowledge and agree that I am participating voluntarily at my own risk. I acknowledge and agree that the actions of other participants or CWRRC could cause me serious physical or emotional injury, illness, paralysis, or death. I acknowledge and agree that CWRRC is not responsible for the actions or activities of individuals participating in the Event or its negligence in supervising the Event, including actions, activities, or omissions that result in such harm. I further acknowledge, accept, and assume the risk of any and all medical conditions, limitations, or disabilities (whether temporary or permanent) that I possess, whether known or unknown, which might contribute to or exacerbate any injury I might sustain as a result of my participation in this Event.

**AGREEMENT TO PAY MY OWN MEDICAL EXPENSES** I acknowledge and agree that if I require medical assistance (including, but not limited to, emergency care, hospitalization, out-patient care, and/or physical therapy) as a result of any injury sustained while participating in the Event, such assistance shall be at my own expense.

**RELEASE OF LIABILITY** I ("Releasor") hereby forever, irrevocably and unconditionally release, waive, relinquish, discharge from liability and covenant not to sue CWRRC, and its successors, predecessors-in-interest, and insurers, and all municipalities in which the event is conducted (collectively, the "Releasees") from any and all claims, demands, rights, actions, suits, causes of action, obligations, debts, costs, losses, charges, expenses, attorneys' fees, damages, judgments and liabilities, of whatever kind or nature, in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether or not concealed or hidden, related to or arising, directly or indirectly, from participation in the Event, the failure to warn of dangerous conditions in connection with the Event, and/or the acts or omissions of any of the Releasees, including, without limitation, any claim arising in tort, negligence, failure to warn or other omission, property damage, personal injury, emotional injury, illness, bodily harm, paralysis or death. In the event that any claim released herein is brought by, or asserted on behalf of, Releasor, I shall immediately defend, indemnify and hold harmless the Releasees, and any of them, from any loss or liability, including reasonable attorneys' fees, associated therewith or arising therefrom.

This Agreement is governed by Ohio law and is intended to be as broad and inclusive as Ohio law permits. Should any clause be in conflict with Ohio law, then only that clause is null and void while the remaining clauses of this Agreement shall remain in full force and effect.

By signing below, I represent and warrant that I have read and understood each and every paragraph in this document and I agree to be bound by the terms stated therein, including the release of liability contained therein. I further agree to indemnify and hold harmless the Releasees from any and all claims which I may have or which are brought on my behalf, which are in any way connected with, arise out of, or result from my use of the Facility. I am 18 years of age or older. I am entering this Agreement on behalf of myself, my spouse or domestic partner, and our respective and/or collective issue, parents, siblings, heirs, assigns, personal representatives, estate(s), and anyone else who can claim by or through such person or persons (collectively, the "Releasing Parties").

Signature \_\_\_\_\_