

Harvest Home Parade

Run the
Parade Route!

1 MILE RUN

THURSDAY, SEPTEMBER 9, 2021

5:50PM

Awards to
top 20 finishers
1 Mile Run - \$6.00
Both Runs - \$20.00

SPONSORED BY



Benefits Brain Tumor Research at Cincinnati Children's Hospital Medical Center & Sophie Meinhardt Memorial Scholarships.

Register by Thursday, September 9, 2021

Harvest Home 1 Mile Run
\$6.00

BOTH 1 Mile Harvest Home & SAR 5K
\$20.00 for both races

Kick off the parade by running the route!
Thursday, September 9, 2021 @ 5:50 pm
Start begins in front of Cheviot School
Ends at Harvest Home Fair
Pick-up bib# at Start Line 5:15 - 5:50

HH 1 Mile: Thursday, Sept. 9, 2021 @ 5:50 pm
Starts in front of Cheviot School & Ends at Harvest Home Fair
Pick-up bib# at Start Line 5:15 - 5:50
SAR 5K: Sunday, Sept. 26, 2021 @ 1:00 pm
Start/Finish at St. Jude's Oktoberfest
Packet Pickup @ St. Jude's Oktoberfest in SAR booth:
Sept. 24: 6-10pm / Sept. 25: 4:30-9pm / Sept. 26: 10:30am - 12:45pm

Register online @ QueenCityRunningClub.com or by Mail

SELECT ONE: ☐ 1 Mile Run - \$6.00 ☐ BOTH 1 Mile Run & SAR 5K - \$20.00 (t-shirt size _____)

NAME _____ AGE (as of date of race) _____ SEX (Circle) M F

ADDRESS _____ City, State, Zip _____

PHONE No. _____ E-MAIL _____

WAIVER (MUST BE SIGNED) In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do release, discharge, and hold harmless the Sophie's Angel Run, Green Township, St. Jude Parish, their representatives, officials, volunteers, members, and sponsors, from any and all claims, damages, demands, or causes of action whatsoever in any manner directly or indirectly arising out of or related to my participation in said athletic event; I am physically fit and have sufficiently trained to participate in this event. By signing below I give permission without compensation to Green Township, and any other municipalities, as well as to St. Jude Parish to use my likeness in photographs for purposes of promoting the Sophie's Angel Run 5K. I agree to abide by all the rules of participation and acknowledge that the race committee may refuse or return any entry at its discretion.

Participant's Signature _____ Date _____

Parent's Signature (for a minor less than 18 years of age) _____

In case of emergency contact _____ Phone No. _____

Make Checks payable to: Sophie's Angel Run, Inc. and MAIL TO: 6513 Greenoak Drive, Cincinnati, OH 45248