



Crestview Local School District

Rebel Run

5K Race and 2 Mile Fun Walk

Saturday, November 18, 2017

Organized and managed by the Crestview Rebels Embracing Wellness Health Team and the Crestview Track Team.
 The proceeds from this year's **Rebel Run** will benefit 2 organizations:
 The 4Cs (Crestview Community Churches Concern) & The Crestview Track Team.

Location/Course: Start & Finish—Crestview High School, 44100 Crestview Rd., Columbiana, OH 44408
 Run and Walk are conducted on separate courses.

Time: 7:30AM Registration
 8:30AM 5K Race (Runners only) and 2 Mile Fun Walk

Registration: Pre-Race Day- \$18.00, includes a long-sleeved shirt if received by November 9, 2017
 Student Rate--\$13.00, includes a long-sleeved shirt if received prior to November 9, 2017
All Race Day Registrations- \$20.00 at Crestview Performing Arts Center
 Shirts are available to the first 150 registrants. Fees are non-refundable.
 Registrations received after November 9, 2017 will not be guaranteed a t-shirt.

Awards: Top 3 Male/Female Overall; Top 3 Male/Female Masters; Top 3 Male/Female Age Group Finishers
 Males: 14 & under, 15-19; 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80 and older.
 Females: 14 & under, 15-19; 20-29, 30-39, 40-49, 50-59, 60-69, 70 and older.

No Duplication of Awards

Door Prize Drawings for all participants will be held after the race and before the awards.

Online registration available through *PayForIt*: www.crestviewrebels.org

(Please detach and mail with check to address below)

Official Rebel Run Entry Form & Waiver

Participant Waiver: In consideration of being permitted to participate in the "Rebel Run", I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with this event. I further waive, released, discharge and covenant not to sue the Crestview Local School District, its officers, members, sponsors, organizers and other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever as a result of taking part in this event and related activities. I also agree to the use of film, photo, audio or videotape of my participation in the event for any purpose.

Please check one: Runner _____ Walker _____ T-shirt size:YS___YM___YL___ S___M___L___XL___XXL___

Last Name _____ First Name _____ Age on race day _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Participant Waiver Signature _____

Parent Signature (if under 18) _____

Please make checks payable to: Crestview Local Schools Wellness Team
 And mail with your registration to:
 Rebel Run
 Crestview Local School District
 44100 Crestview Rd., Columbiana, OH 44408

Questions may be directed to:
 Janet Leipheimer, Race Director
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 or
 Tanja Simione
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