



August 13, 2011

Upper Arlington Lutheran Church
(Mill Run Campus in Hilliard 3500 Mill Run Dr.)

Competitive Race 8:00AM

Free Kids Race starts at 8:50AM

Program at 9:00AM

Walk/Jog starts at 9:30AM

Registration begins at 6:30AM

Race proceeds benefit **Lower Lights Christian Health Center**, a 501(c)(3) nonprofit community health center serving the Central Ohio area and providing whole person, high quality health care, regardless of ability to pay! Funds raised will help offset the cost of seeing patients without health insurance.

Registration and more info: www.llhc.org or www.SecondSoleRacing.com or call **614-478-3361**.

Entry Fee: \$20 without a T-shirt
\$25 with a T-shirt

Voucher for free spaghetti dinner from The Florentine for every participant.

Prizes for race include gift cards to local businesses

Proudly sponsored by:



Run/Walk For Spaghetti Registration
August 13th, 2011 Upper Arlington Lutheran Church Mill Run

PLEASE FILL OUT ALL FIELDS. EACH PARTICIPANT MUST HAVE THEIR OWN FORM

- \$20 Without Event Shirt
- \$25 With Event Shirt

Age: _____ Gender (Please Circle): Male or Female

Shirt Size: S M L XL XXL

Team Name (if applicable): _____

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Waiver:

In consideration of being permitted to participate in any way in the activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: THESE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE SECOND SOLE RACING LLC AND ANY OTHER EVENT SPONSORS; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

Signature: _____

(Parent/Guardian if participant under 18 years of age)

Date

1. Complete all fields
2. For groups of 3 or more, include a form for each person
2. Attach payment(s). Checks Payable to Second Sole Racing
3. Mail to:

Second Sole Racing
ATTN: Run For Spaghetti
315 Stoneridge Ln.
Gahanna, OH 43230

***Register online at secondsoleracing.com**

It's time for the Annual Lower Lights Christian Health Center
2011 Walk/Run for Spaghetti 5K!
Saturday, August 13, 2011

First Name: _____ Last Name: _____

Team (if applicable): _____

Dear Potential Sponsor,

I am participating in the 2011 Walk/Run for Spaghetti 5K. All proceeds will help fund high quality health care for under/uninsured people in Central Ohio. All contributions are tax-deductible. I need to collect all the pledges ahead of time, and will let you know afterwards how I did. Checks should be made payable to LLCHC.

Thank you!

| | Name and Address of Sponsor | Phone Number | Amount Pledged and Paid | Needs Receipt? Y/N |
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Participants: If a sponsor would like a receipt for tax purposes, please make sure to that the sponsor clearly writes his/her address in the space provided.