

# Show Your Class 5K

**Sunday, October 12th, 2014**

**Check in from 8-8:45am Walk begins at 9am**

**Creekside Plaza 121 Mill St**

The Gahanna Get Moving Team and the family of Bob Toopes invite you to the 5th Annual SYC 5K Walk at Creekside Plaza.

Bob truly enjoyed walking with the Get Moving Team walkers and loved teaching in Gahanna. Past events have raised \$9,200 towards a comfort station in Bob's honor on the Big Walnut Trail, outdoor education opportunities for Gahanna students, and provided grants for experiential education to Gahanna's students. Once again, the proceeds from this year's event will enhance educational opportunities for children in Gahanna and develop recreational opportunities in the community.

## **T-Shirt Information**

To receive a t-shirt register by 5pm Friday, September 26  
Pick up t-shirts the day of the walk.  
*Registrants between 9/27-10/12  
will not receive shirts.*

## **Registration Options**

[www.gahanna.gov](http://www.gahanna.gov)  
(614) 342-4250  
Fax: (614) 342-4100  
[recreation@gahanna.gov](mailto:recreation@gahanna.gov)  
Online at [www.gahanna.gov](http://www.gahanna.gov)

## **Registration Fees**

*Due at time of Registration*

\$20 Adults (ages 16+ years)  
\$10 Youth (ages 10-15 years)  
Under 10 years—free with walking adult

**Join us after the walk for a pancake breakfast  
at 340 Rocky Fork Drive  
(the Gahanna Senior Center).**



# 2014 Show Your Class 5K Walk

Adult Name (Parent or Guardian): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Emerg Phone \_\_\_\_\_

How did you hear about this Walk?								
___ Gateway	___ Friend or Word of Mouth	___ Returning Participant	___ www.gahanna.gov	___ School Flyer	___ Newspaper	___ City Entry Way Signboard	___ Facebook/ Twitter	___ Other

Name of Person Walking	Birth Date	M/F	Shirt Size

\*If paying with check, make checks payable to City of Gahanna

***Please bill my credit card :***

MC VISA DISC AMEX      Name \_\_\_\_\_ Account Number \_\_\_\_\_ Exp. \_\_\_\_\_

***OR make check payable to City of Gahanna***

**Participation Waiver:**

For and in consideration of the opportunity to participate in the above described Gahanna Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

Participant Signature (Parent/Guardian if participant is under 18) \_\_\_\_\_

\_\_\_\_\_ Date

**Send registration and payment in full to:**

**Department of Parks & Recreation, 200 S. Hamilton Rd., Gahanna, Ohio 43230**