

St. Joseph Home OF CINCINNATI



Incline to the Finish Line



St. Joseph Home
Incline to the Finish Line

10722 Wyscarver Road, Cincinnati OH 45241
www.saintjosephhome.com
(513) 563-2520 fax (513) 563-1958

St. Joseph Home OF CINCINNATI



Incline to the Finish Line

April 25, 2010
8:00 a.m.

A great cause!

5K Sponsored By:

13th Annual 5K Run/Walk
Sunday, April 25, 2010

Known for its challenging course-end hill and amazing finish line cheering section, the 13th Annual St. Joseph Home of Cincinnati 5K "Incline to the Finish Line" benefits the residents of St. Joseph Home in Sharonville.

The race will start and end at St. Joseph Home, traveling through the hills and valleys of Sharonville for one of the most challenging 5K courses in the city.



St. Joseph Home of Cincinnati, located in suburban Sharonville, creates a loving home for 48 children and adults who have severe/profound mental and physical disabilities. We provide 24-hour nursing and personal care for our residents, as well as for our short-term guests at our Harold C. Schott Respite Center.

The Home, a non-profit ministry of the Sisters of Charity of Cincinnati, is the only agency in Hamilton County serving non-ambulatory, non-verbal and medically fragile infants, children, and adults. St. Joseph Home was established in 1873 as a maternity home, primarily serving young unwed mothers and their infants, who were often placed for adoption. To address the changing needs of society, in 1976 we redefined our mission as an ICF/MR, serving children and adults with severe/profound mental and physical challenges.

By participating in the 5K you are supporting field trips, activities, entertainment, new positioning and safety equipment for the residents, and much, much more.

SC MINISTRY FOUNDATION



Thanks to our In-Kind Sponsors:



Brochure printing courtesy of Queen City Printing



RACE START 8:00 AM

includes post-race breakfast sponsored by Waffle House

10722 Wyscarver Road in Sharonville, Ohio
(513) 563-2520

Race Day Schedule

Sunday, April 25, 2010

7:00 - 7:55 Registration & Packet Pick-up
 8:00 AM Runners Start
 8:01 AM Walkers Start
 8:35 AM Children's Fun Run

Immediately following the race:
WAFFLE BREAKFAST sponsored by Waffle House FREE for race participants. Spectators and guests are also welcome for breakfast! \$5 each at the door, kids 5 and under free.

AWARDS presented to winners in age, weight, and gender categories. **GOODY BAGS** to all runners and walkers!

Arrive early - streets will be closed during the race. Head up the street after breakfast for the Sharonville Classic Car Show!

3 Ways to Register

ONLINE www.racedmc.com
 to register with a credit card
 online registration closes April 21

MAIL send entry form and check to:
 St. Joseph Home 5K
 P.O. Box 54424
 Cincinnati, OH 45254-0424

RACE DAY stop by the registration booth at St. Joseph Home between 7:00 - 7:55AM

2010 5K Registration Form

One entry per form please. (Form may be copied). All mailed entries must be postmarked by April 19, 2010. Make checks payable to **St. Joseph Home of Cincinnati**. Mail to: **St. Joseph Home 5K, P.O. Box 54424, Cincinnati, Ohio 45254-0424**

Registration Fees (non-refundable)

Early Registrations must be postmarked or entered online by April 19.

\$20 entry fee + t-shirt _____

\$15 entry fee (no shirt) _____

\$20 race day registraion (no shirt) _____

Limited t-shirts available for \$10 on race day.

Additional contribution _____

Total \$ _____

T-Shirt Size S M L XL XXL

Participant Information

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

E-mail _____

Date of Birth _____

Age on Race Day _____ Gender _____

Number Attending Breakfast _____

Race Divisions

	Runner	Walker
Male	_____	_____
Female	_____	_____
Male Weight 200-219	_____	_____
Male Weight 220+	_____	_____
Female Weight 160+	_____	_____

Note: Anyone planning to run any part of the course must register as a RUNNER. For the safety of all participants, inline skates, scooters, and pets are not permitted on any part of the course during this event.

Medical Conditions: _____

WAIVER: IN CONSIDERATION OF THE ACCEPTANCE OF MY REGISTRATION FEES AND FOR BEING PERMITTED TO PARTICIPATE IN THIS EVENT, I HEREBY RELEASE, WAIVE AND DISCHARGE, ON MY OWN BEHALF AND ON BEHALF OF MY HEIRS, EXECUTORS AND ASSIGNS, ST. JOSEPH HOME OF CINCINNATI, ITS EMPLOYEES, VOLUNTEERS, OFFICIALS, SPONSORS OR AFFILIATED INDIVIDUALS, FROM ANY AND ALL CLAIMS OF ANY NATURE, INCLUDING PERSONAL INJURY, ARISING FROM MY PARTICIPATION IN THIS EVENT. I ALSO HEREBY AGREE TO ABIDE BY ALL RULES FOR PARTICIPATION. I HEREBY GIVE PERMISSION WITHOUT COMPENSATION TO ST. JOSEPH HOME TO USE ANY PHTOTGRAPHS TAKEN OF ME FOR PURPOSES OF PROMOTING ST. JOSEPH HOME AND/OR THE 5K RUN/WALK. I FURTHER CONSENT TO EMERGENCY TREATMENT IN THE EVENT OF AN INJURY OR ILLNESS. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO CONSULT MY PHYSICIAN PRIOR TO BEGINNING AN EXERCISE PROGRAM OR OTHERWISE ENGAGING IN STRENUOUS PHYSICAL EXERCISE, I ALSO UNDERSTAND THE RISKS FOR SUCH A RUN/WALK AND I AM PHYSICALLY ABLE AND HAVE TRAINED ADEQUATELY IN PREPARATION. I HAVE NOTED ANY MEDICAL CONDITION THAT MAY BE A FACTOR IN MY PARTICIPATION OF THE ST. JOSEPH HOME 5K ON APRIL 25, 2010

Signature _____

Parent or Guardian Signature (if under age 18) _____

Date _____

Donation/Pledge Form

Your participation and donations help us continue to provide a safe and loving home for the residents and respite guests of St. Joseph Home. Please consider an additional gift, or use this form to collect pledges in support of your participation in the 5K.

Name _____

Address _____

City _____ State _____ Zip _____

Donations collected

in honor of: _____

in memory of: _____

Donor's Name & Address	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Thank you!

Donations to St. Joseph Home are tax-deductible.