





7:30 a.m. Saturday, August 28, 2010 Voice of America Park PreRegistration Fee: \$20.00

Website: www.insideoutsk.com

Run this race for two simple reasons:

- 1. You know someone whose life has been turned "inside out" because of cancer.
- 2. You want to show empahty for them by turning your shirt inside out and running this sk. For one day, for this one race, you have an opportunity to show your allegiance to them.

the Kelly-Carol

Proceeds of the race go to the The Kelly Carol Foundation for * Children with Cancer. They are an Ohio 501 (CX3) non-profit Foundation for Children organization providing assistance to children with cancer and their with Cancer of families. They help minimize the "insideout effect" of the disease. For more information go to www.kellycarolfdtn.org

Sign me Up for the InsideOut5K!

Registrations must be postmarked by Aug. 19, 2010. You can also register on-line. www.insideout.com

Name		
Address		
City	State	Zip
Phone	Email	
Male	Female	
Tshirt Size (adul	t sizes only) Medium Large	Xlarge XXLarge

Pre-Registration Fee is \$20.00. T-shirt included. Online registration available: Getmeregistered.com Race day Fee: \$25.00 T-shirts subject to availability. Make checks payable to:

The Kelly Carol Foundation for Children with Cancer

Packet pickup: Thursday, Aug. 26 at the course from 6:00 p.m. -8:00 p.m. (Jr. High Cross Country meet in progress)

Waiver/Release

In consideration of acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the InsideOut 5K and do hereby release and forever discharge the Moeller High School, the Kelly Carol Fdtn. for Children with Cancer, all sponsors, direct and indirect, and all their respective employees, officers, agents, officials, and volunteers from any and all liability for personal injury or property damage sustained during event, whatsoever arising from my participation in the event. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks for such a run and have trained adequately in preparation. I have noted any relevant medical condition on this form.

I have read, understood, and accept the agreement above. My submission of this form shall act as my legal signature.

Initials of: reg	gistrant if over	18 years of age; or
parent/legal guardian of r	ninor, incapac	itated, or mentally
challenged person.		

In Case of Emergency, contact _

Please list any Medical Conditions we need to be aware of:

Send this Registration to:

Kelly Carol Foundation for Children Suite 2000, Atrium 2 221 East Fourth Street Cincinnati, OH 45202