



OCTOBER CLASSIC

Walk, Wheel or Run for Your Life
OJAI VALLEY COMMUNITY HOSPITAL

**SATURDAY,
OCTOBER 1, 2011
NORDHOFF HIGH SCHOOL
OJAI, CALIFORNIA**

TIME:

- 7:15 a.m. Registration
- 8:00 a.m. 10K Run/Walk
- 9:00 a.m. 5K Run/Walk
- 9:15 a.m. Walk/Wheelchair
- 9:15 a.m. Kids Relay

FEES:

- 17 and Under \$15 (\$20 after 9/27)
- 18 and Up \$30 (\$35 after 9/27)
- Wheelchair Participants
& Kids Relay Free

PHANTOM RUNNER:

For a donation of \$20.00 or more,
sleep in and get a T-shirt!

**5K & 10K Events
Free Kids Relay**

**\$200 Cash Prize for
10K Men and Women's
Overall Winners!**

For more information or to register
please call: (805) 640-2317 or visit
www.octoberclassic.org.

**All proceeds benefit Ojai Valley
Community Hospital.**

The Ojai Valley Community
Hospital Foundation is a 501 (c)(3)
tax-exempt organization.
Tax I.D. Number 20-1982135

KIDS RELAY REGISTRATION FORM

Please complete this form and send to:
OVCHF, 1301 Maricopa Highway, Suite A, Ojai, CA 93023
or register online at www.octoberclassic.org
For more information please call (805) 640-2317



YES – I WANT TO RUN IN THE KIDS RELAY

Name _____

Age _____ Grade _____ School _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

I participated in my school's FIT-ED "Nutrition BINGO Game" and earned one or more BINGOs!
I am bringing my winning BINGO card to exchange for my cool t-shirt reward! T-shirts must be
picked up at the October Classic the morning of the Kids Relay event.

PLEASE SELECT T-SHIRT SIZE:

T-Shirt Size: Child S M L XL Adult S M L XL

LIABILITY WAIVER

(must be signed): In consideration of your acceptance of my entry, I, the undersigned, intending to be legally bound hereby, for myself,
my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages I may have against the
City of Ojai and the Ojai Valley Community Hospital Foundation (and any affiliate entity thereof). I have read and understood every-
thing written above.

Parent or legal guardian must review and sign the Liability Waiver.

Entrant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____