



# 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](http://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

**YES, I HAVE SET  
A GOAL TO RAISE  
\$ \_\_\_\_\_  
IN SPONSORSHIPS  
FOR MY EVENT.**

## REGISTRATION FORM

Please complete this form and send to:  
OVCHF, 1301 Maricopa Highway, Suite A, Ojai, CA 93023

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 everything written above.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Sex:  Male  Female

Event:  Wheel  5K Run/Walk  10K Run  Phantom Runner  Free Kids Relay (no t-shirt)

T-Shirt Size:  S  M  L  XL

Age:  0-12  13-17  18-29  30-39  40-49  50-59  60-69  70-79  80-89  90+

I have read and understand the Liability Waiver \_\_\_\_\_

Name \_\_\_\_\_

Sex:  Male  Female

Event:  Wheel  5K Run/Walk  10K Run  Phantom Runner  Free Kids Relay (no t-shirt)

T-Shirt Size:  S  M  L  XL

Age:  0-12  13-17  18-29  30-39  40-49  50-59  60-69  70-79  80-89  90+

I have read and understand the Liability Waiver \_\_\_\_\_

Name \_\_\_\_\_

Sex:  Male  Female

Event:  Wheel  5K Run/Walk  10K Run  Phantom Runner  Free Kids Relay (no t-shirt)

T-Shirt Size:  S  M  L  XL

Age:  0-12  13-17  18-29  30-39  40-49  50-59  60-69  70-79  80-89  90+

I have read and understand the Liability Waiver \_\_\_\_\_

## PAYMENT

Payment Method:  Visa  MasterCard  Check

Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to OVCHF. TOTAL FEE \$ \_\_\_\_\_