



Cleveland West Road Runners presents the 37th CLEVELAND SPRING CLASSIC

GEAR DROP-OFF AREA!
AMPLE PARKING IN RTA LOT!
NO Extra Fees to Register ONLINE!

Half Marathon, Half Marathon Relay & 5K Race

Saturday, April 4, 2009 9:00 A.M.
Bonnie Park, Cleveland Metroparks ... in Strongsville

A special thank you to the Cleveland Metroparks for their help in making this race possible.

NEW THIS YEAR!!!!
FINISHER MEDALS TO ALL HALF MARATHON FINISHERS!!

1/2 MARATHON AWARDS: O/A Male/Female and Master Male/Female; Top 3 in age divisions (5-yr increments) starting at 19 & under; Wheeler Division

5K AWARDS: O/A Male/Female; O/A Master Male/Female; Top 3 in age divisions (5-yr increments) starting at 15-19. Kids divisions are under 9, 10 – 12, and 13-14; Wheeler Division. Please contact the Race Director for group or team arrangements.

2-PERSON RELAY AWARDS: Top 3 teams each: Male-Male Team, Female-Female Team, COED Team

AWARDS DISTRIBUTED AT THE FINISH CHUTE – NO WAITING!!!

2009 Fee Schedule: NEW FORMAT – Read Carefully –

SPECIAL KIDS RATES – SEE BELOW!!!!

Pre Registration: Through March 31 Rate: \$35 (Half & Relay); 5K Rate: \$18 **CWRRRC MEMBERS:** \$32 (Half/Relay) 5K: \$15
April 2 – April 3 (at Second Sole only) Rate: \$40 (Half & Relay); 5K Rate: \$20

DAY OF RACE: (No Member Discounts)
\$45 Half & Relay
\$25 5K

Kids 14 & under – both races
without shirt – FREE!!!!
with shirt - \$10.00

By Mail: Registrations must be RECEIVED by March 31st 2009

Register ONLINE @ www.cwrrc.org – Register by March 31st 2009

Privacy: Cleveland West Road Runners does NOT distribute or sell participant information

**** NO PROCESSING FEES TO REGISTER ONLINE! Same Rate As Mail-In! ****

In-Person Preregistration and Race Packet Pick-Up: At Second Sole, 19341 Detroit Ave.,

Rocky River at the following times: Thursday, April 2nd 12:00pm to 9:00pm and Friday, April 3rd from 12:00 p.m. to 5:00 p.m.

For more information go to www.cwrrc.org, email SpringClassic@cwrrc.org

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to; falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and headsets are not allowed in the race and I will abide by this guideline. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Cleveland West Road Runners Club, the Road Runners Club of America, the Cleveland Metroparks System, the City of Strongsville, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Name: _____ (RELAY Teammate Name _____)

Address: _____ City: _____

State: _____ Zip Code: _____ **Race Division:** 1/2 Marathon ** 5K ** 1/2 MarRELAY

Gender: MALE / FEMALE Birthdate ____/____/____ **Age on Race Day:** _____ WHEELER Division? _____
(circle)

Long Sleeve Crew Neck Sweatshirt Size: Small MED LRG XL **Email:** _____
(circle one)

Telephone Number: _____ Running Club Affiliation: _____

Signature _____

Parent's Signature _____
(PARENT'S SIGNATURE IF RUNNER IS UNDER 18 yrs)

RELAY: Each person submit application; mail in together
-Each person pays half-marathon rate

---OFFICIAL USE ONLY---

DATE: _____
CHECK # _____ **BIB NUMBER** _____
AMT: _____

Make check payable to: **CWRRC/Spring Classic** and mail to: CWRRC, P.O. Box 770844, Lakewood, Ohio 44107-0032