

# **9th Annual Bleeding Disorder Awareness 5K**



**Saturday September 21, 2019**

**Registration: 9:00 a.m.**

**Start time: 10:00 a.m.**

**Rice Field - Bike Path**

**2001 Dayton-Cincinnati Rd.**

**Miamisburg, Ohio 45342**

**Join the Southwestern Ohio Hemophilia Foundation on Saturday, September 21st at 10:00am for our annual 5K Walk / Run for Bleeding Disorder Awareness. Registration is just \$25 per person and includes bib, timed finish, and T-shirt. Come be a part of making a difference in the lives of those dealing with blood disorders like hemophilia and Von Willebrands as we walk or run our way to victory at the BDA 5K Walk/Run! Registration Form**

Full Name: \_\_\_\_\_

Gender (circle one): Male/Female    Age (on race day): \_\_\_\_    Activity (circle one): Run/Walk

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size (circle one): Adult -S M L XL 2XL Child- S M L

**Event Information:** The Southwestern Ohio Hemophilia Foundation is hosting the 9<sup>th</sup> Annual Bleeding Disorder Awareness 5K on September 21<sup>st</sup> at 10:00 a.m. Registration will begin at 9:00 a.m. Proceeds from the event will go to the Southwestern Ohio Hemophilia Foundation. There will be race awards for the first place male and female in each age category and the *You Make a Difference* award for the person displaying enthusiasm and commitment to raising awareness.

**Race Fee:** Early Registration is \$25.00 through September 11th (includes t-shirt). After the deadline and same day registration is \$25.00. Entries after the deadline will include t-shirts as available.

**Payment:** Cash or Check made payable to Southwestern Ohio Hemophilia Foundation, mail along with registration form

**SWOHF  
3131 South Dixie Drive, Suite 103  
Moraine, OH 45439**

Or register online <https://www.keysports.net>

**Event Release:** By signing below, I confirm that I am knowingly and freely assuming risks of injury and damage resulting from such participation, including those that result from the negligence of others, that I will assume full responsibility in my participation in the BDA 5K and that Southwestern Ohio Hemophilia Foundation will not be responsible.

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

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Contact Dena Shepard (937) 479-2378 with any questions regarding this event