

13th Annual Bleeding Disorder Awareness 5K

Buy One Get One Free Registration

Saturday September 16, 2023



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 16th 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 Willebrand's as we walk or run our way to victory at the BDA 5K Walk/Run!

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 13th Annual Bleeding Disorder Awareness 5K on September 16th at 10:00 a.m. Registration will begin at 9:00 a.m. Proceeds from the event will go to the Southwestern Ohio Hemophilia Chapter. 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: \$25.00 ** Early Registration "Buy One Get One Free" through September 6th (includes t-shirt) **
Special THANKS to Cascade Hemophilia Consortium Grant for sponsoring BOGO again this year!
REGISTRATION AFTER September 6 does not include BOGO and t-shirts included only as available.

REGISTER BY MAIL: Make check made payable to Southwestern Ohio Hemophilia Foundation, mail along with registration form to **SWOHF 3131 South Dixie Drive, Suite #103 Moraine, OH 45439**

or

REGISTER ONLINE: <https://bleedingdisorderawareness5k.itsyourrace.com/>



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: _____

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