

Saturday, August 23, 2025

Buckeye Woods Park
6335 Wedgewood Rd., Medina, OH 44256

REGISTRATION: Begins at 8 am

START TIME: 9:00 am

5K RUN: \$25 (pre-registration)
or \$30 (race day)

1 MILE WALK: \$15 (pre-registration)
or \$20 (race day)

Awards will be presented to the Top 5K male and female runners overall & the Top three 5K male and female runners in the following age categories: 14 & under 15-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60-69 / 70 & over. There will be no awards for the 1 mile walk.

Scan the QR code to the right to register online OR complete the form on the bottom of this page & mail to the Medina Knights!



Race For Glory 2025

MEDINA COUNTY
SPECIAL OLYMPICS
OHIO



The 
Society
TRUSTED. COMPASSIONATE. EXPERIENCED.



**INTEGRATED
COMMUNITY
SOLUTIONS**



**5K
FUN RUN
1 MILE WALK**

☐ 5K RUN ☐ 1 MILE WALK T-Shirt Size (Circle): S M L XL 2XL

****Race T-SHIRT INCLUDED IF REGISTERED BY 8/8/25**

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Gender: _____ Age on race day: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

PARTICIPATION WAIVER:

In consideration for allowing me (my child) to compete in the 5K/1 mile race, I, the undersigned intending to be legally bound, waive and release for my child, myself, my heirs, executors and administrators, and all rights and claims for property damage and person injury, including death, which I (my child), representatives, successors and assignees, arising from my (my child) participating in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am (child is) physically fit and have (has) sufficiently trained to complete in this event. I (on behalf of my child) hereby grant permission to Knights of Columbus, The Society, or Medina County Special Olympics and any city or village, sponsor, officer, and member of said organization, their representatives, successors, assigns to use all information submitted in my application and my photograph, video tape, motion picture, recording and any other record of this event, including pre-race and post-race publicity.

E-Signature: _____ Date: _____

*By typing your name above you agree with the above statement.

Parent or guardian signature required if under 18

Please Make checks payable and mail to: *All proceeds benefit The Society, Integrated Community Solutions, Medina County Special Olympics & Knights of Columbus Charities.*

Medina Knights
131 N. East St. Medina, OH 44256

MEDINA COUNTY
SPECIAL OLYMPICS
OHIO



GCXC
RACE TIMING & MANAGEMENT



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