

ROCK & ROLL HALL OF FAME

HALF MARATHON

5K, 10K, & RELAY

Sunday, August 17, 2025

Half Marathon	<input type="checkbox"/> \$75 thru 3/01	<input type="checkbox"/> \$85 thru 6/01	<input type="checkbox"/> \$90 thru 8/1	<input type="checkbox"/> \$95 thru 8/16	<input type="checkbox"/> \$100 race day
5K	<input type="checkbox"/> \$30 thru 3/01	<input type="checkbox"/> \$35 thru 6/01	<input type="checkbox"/> \$40 thru 8/1	<input type="checkbox"/> \$45 thru 8/16	<input type="checkbox"/> \$50 race day
10K	<input type="checkbox"/> \$40 thru 3/01	<input type="checkbox"/> \$45 thru 8/01	<input type="checkbox"/> \$50 thru 8/1	<input type="checkbox"/> \$55 thru 8/16	<input type="checkbox"/> \$60 race day
3-Person Relay	<input type="checkbox"/> \$105 thru 3/01	<input type="checkbox"/> \$110 thru 8/01	<input type="checkbox"/> \$115 thru 8/1	<input type="checkbox"/> \$120 thru 8/16	<input type="checkbox"/> \$130 race day

First Name _____ Last Name _____

Email _____ Zip Code _____ Age on race day _____

Gender: Male / Female shirt : XS S M L XL XXL (not gender specific)

Relay Name (fill out 3 sheets) _____

Start Time: 7:00 am (Half Marathon / Relay) 7:30 am (10K) 7:45 am (5K)

I accept that I compete in this event at my own risk and I hereby waive and release the event, Rock and Roll Hall of Fame & Museum, GCXC, Second Sole, Second Sole Mentor, City of Cleveland and any city or village, sponsor, officer, and member of said organization, their representatives, successors, assigns, and any individuals who are in any way connected with this event from all rights and claims for any accident, injury, or loss suffered as a consequence of my participation.

Signature: _____ (Parent or Guardian Signature Required if Under 18)

Please make checks payable and sent to:

GCXC

c/o Rock Hall

8791 Mentor Ave.

Mentor, OH 44060

Rock & Roll Finisher Medals For All Races

www.rockhallhalfmarathon.com

