

1st Annual 10K & 2 Mile Run
& Community Walk
Saturday July 24, 2010

Mail completed entry form along with check or money order made payable to:

Amy Tibben, PO Box 312 Stanton, Iowa 51573

Phone: (402) 245-7851

E-mail: jakktibben@hotmail.com

Packet Pick-up, Friday night at the Meal under the Big Top Tent at the High School
or Saturday morning before 7 a.m.

NO RACE DAY REGISTRATION

Name: _____ Date of Birth: _____

Address: _____

City, State & Zip Code: _____

Phone: Home (____) _____ Cell: (____) _____ Work: (____) _____

E-mail Address: _____

Age of Race Day (determines age group): _____ Male: _____ Female: _____

Shirt Size: **Youth** S M L **Adults** S M L XL XXL

Technical Shirts (10K & 2 Mile) – ENTRY MUST BE RECEIVED BY JULY 1ST
Size & Availability may be limited after this date.

Fees: 10K (5/14 to 7/1/10).....\$30.00 _____
10K Late Registration (7/2 to 7/24/10).....\$35.00 _____
2 Mile (5/14 to 7/1/10).....\$20.00 _____
2 Mile Late Registration (7/2 to 7/24/10).....\$25.00 _____
Community Walk ages 13 & Up\$15.00 _____
Community Walk Late Registration 13 & Up.....\$20.00 _____
Community Walk age 12 & under FREE w/ Canned Food Donation _____
*Canned food donation will go to the Montgomery County Food Pantry.

****A portion of the races will be donated to the Special Olympics
Iowa****

Waiver:

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against the sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors, and assigns for any and all injuries suffered by me in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I have been warned that I must be in good health to participate in such events. I also give permission for free use of my name and picture in any broadcast, telecast, or print media account of this event. In filling out this for, I acknowledge I have read and fully understand my own ability and do accept the restrictions. I also understand entry fees are non-refundable.

Signed: _____ Date: _____

(If under the age of 18, a parent or guardian must sign.)