SPL/BOBCAT 5K FAMILY TRAIL RUN

SATURDAY, APRIL 4, 2015 – 9 AM

Rock Chalk Park Trails - 100 Rock Chalk Lane

Sponsored by Lawrence Parks & Recreation Dept. / Langston Hughes Bobcat Marathon Club

ENTRY FEE: \$20 Individual – includes shirt, timed results \$25 Family fee – (No shirt, no timed results included) **Day of Race Registration - \$30 for either race** Either entry includes DJ music, post-race refreshments, finisher medal for kids 12 & under and post-race prize drawings!

<u>COURSE</u>: Rock Chalk Park Trails, 100 Rock Chalk Lane. (North on George Williams Way from 6th Street) The race will begin in front of Sports Pavilion Lawrence. The two large hills on the trails will not be part of the course. A confirmation email will be sent with course information on Friday, March 27.

<u>SCHEDULE:</u> The timed race will begin at 9 a.m. and the family run will begin at 9:05am. THE EVENT WILL BE HELD RAIN OR SHINE!

<u>AWARDS</u>: Medals to the top 3 male and female finishers in each timed age group. Gift certificates from Jock's Nitch to the top overall male and female finishers in the timed race.

AGE GROU 12 & Under 30-34 50-54	13-19 35-39 55-59	60-64	45-49 65-69	70+	No strol no pets a for thi	allowed s race		For more information please contact: Bobby Wilson, Recreation Programmer (785) 330-7355 or rwilson@lawrenceks.org			
SPL TRA Please print NAME	<u>IL RU</u>	<u>N</u>					Lawi	Register online at lprd.org or MAKE CHECKS PAYABLE TO: Lawrence Parks & Recreation Department or LPRI Mail forms to: Sports Pavilion Lawrence, 100 Rock Chalk Lane, Lawrence, KS 66049			
ADDRESS	Street	Last			First City		State	Zip			
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								E GROUP			
					ML_ tact info above			e not included)			
Name:			Age:			Name:		Age:			
Name:			Age:			Name:		Age:			

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and adminstrations, waive any and all rights and claims for damages I may have against the sponsors, coordination groups, and any individuals associated with the event, the representatives, successors, and assigns for all injuries suffered by in connection with said event. Also none of the above are responsible for the loss of personal items or any other forms of aggravation in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge that I am an amateur in such events. I also give permission for the free use of my name and picture in any broadcast, telecast, or printed media account of this event. In filling this form, I acknowledge I read and fully understand my own liability and do accept the restrictions.

SIGNATURE			DATE			
Mtz a	Office Use Only		Code # 225210 A-Individual B-Family			
City of Lawrence	Check	Cash	CC	Rec.by	Date	