CHECK # BIB #

### JUNE IN OLDE WILLIAMSBURGH

# Run for the Funds 5k Run/Walk & 10k Run!!

Start Time: Saturday, June 2, 2018 - 9am

**Course** – The run/walk will begin at the Old Williamsburg High School, located at 549 W. Main St., and will head out of town to the Hike/Bike Trail and back.

**Race Divisions:** Male and Female Runners – 7-12, 13-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 and over.

Fitness Walk Divisions: 29 and under, 30-39, 40-49, 50-59, 60 and over.

**Awards:** Top male/female runners and walkers, and 1<sup>st</sup> place in each race division.

## T-shirts are available for purchase for \$5 to first 100 participants.

Age (as of June 2, 2018)	_Gender: M F Race:	5K Run 5K Walk	LOK RUN	
Adult registration NO SHIRT - \$20				
Child registration NO SHIRT - \$10				
Optional T-shirt — Add \$5 PLEASE	MARK SIZE: (adult siz	es) SMLXL		
PLEASE WRITE	LEGIBLY SO WE HAV	E CORRECT INFO!		
(Please Print) First Name:	Last	Name:		
Address:Cit	y:	State:Zip:		
E-mail: Phone:	Signature:			
Parent's Signature		(required for entrants 18 a	nd under)	
In case of medical emergency contact (required by entrants 18 and under):			Phone:	

### **ENTRIES MUST BE POST MARKED BY TUESDAY, May 31, 2018!**

**ONLINE REGISTRATION and SAME DAY RESULTS** available at

# RunningTime.net

Make checks payable and send to: June in Olde Williamsburgh 107 W. Main Street, Williamsburg, Ohio 45176.

**Waiver:** In consideration of the acceptance of my entry, I hereby waive on my behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the 5k/10k Run/Walk and post part, and do hereby release all sponsors, workers, officials, volunteers and the Village of Williamsburg from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may refuse to return my entry at its discretion. I understand the risks for such a run, and have trained adequately in preparation. I HAVE NOTED MEDICAL CONDITIONS ON THIS FORM.