

RUMBLING ROCKET 5K

Saturday, June 17, 2017 - 8:30 AM

ANNA CIVIC association

PART OF THE SHELBY COUNTY 5K TOUR

more information at www.shelbycounty5ktour.com

Where: Start and Finish at Anna High School, 204 N. Second St.- Anna, OH 45302

Online Entry at www.shelbycounty5ktour.com

Registration: at the Anna Vo Ag Building across from the high school, from 7:15 to 8:15

Entry Fee: Pre-registration is \$15 if postmarked by June 9th. Race day registration is \$20

Course: Flat course, winding through the village of Anna, Course is USATF certified.

Course Records: Male - Brendon Moody, 15:57.8, 2010 and Jamie King-O'Shea, 18:23.7, 2010.

Age Groups: 10 & Under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 & Over

Awards: Top Male and Female overall and the top three males and females in each age group.

----- Tear off bottom portion, return with check payable to ANNA CIVIC ASSOCIATION -----

Name _____ Sex: M _____ F _____ Age (race day) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

Please sign the consent form below and enclose a \$15 check payable to : ANNA CIVIC ASSOCIATION (\$20 Race Day).
Mail the form and enclosed check to Dean Stewart, POB 11, Russia, OH, 45363. Please postmark by June 10th. For questions contact
Dean Stewart at runstew@gmail.com.

Waiver of Liability (must be signed in order to participate)

In consideration for me being permitted to participate in the Rumbling Rocket 5K Run/Walk, I hereby release, discharge and agree to hold free and harmless the Rumbling Rocket 5K Committee, Anna Civic Association, Event Sponsors, Village of Anna, Anna Local Schools, and any volunteers and each of them together with their successors, assigns, officers, agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in the Rumbling Rocket 5K. By my execution of this waiver, I verify that I am physically fit and have sufficiently trained for the completion of this event and a licensed medical doctor has verified my physical condition. This release shall be binding upon my heirs, executors and administrators.

Race Registrant Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____