



**27th ANNUAL
SPRING TRAIL 5.3 MILE RUN
5th ANNUAL JEN STEC MEMORIAL**

May 20, 2018

USATF SANCTIONED

WHEN: Sunday, May 20, 2018 - 12:00 noon

WHERE: Frances Slocum State Park, Wyoming, PA

DONATION: \$5 pre/post

(Or register online by 5/19/18: <https://runsignup.com/Race/PA/Wyoming/WVSSpringTrailRun53MileJenStecMemorial>)

THE RACE WILL BE RUN AS AN AGE-GROUP GRADED RACE, SEE SIDE 2.

AWARDS: Top 20 Finishers

With a handicap, anyone can be in the top 20.

REGISTRATION: 11am to 11:55am at the pavilion near the boat launch area

***Race over a challenging,
primarily grass and earth trail.**

Checks payable to:
Wyoming Valley Striders

DETACH AND RETURN WITH ENTRY FEE TO:

Linda A. Wojnar, Spring Trail Run

142 Patriot Circle

Mountain Top, PA 18707

(570) 262-0603

Please PRINT

NAME _____ PHONE (____) _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____ SEX: M _____ F _____

AGE as of May 20, 2018 _____ DATE OF BIRTH ____/____/____

E-Mail _____ Club _____

If necessary, I hereby authorize the above-named runner to be treated by any qualified, licensed medical personnel.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Wyoming Valley Striders and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

SIGNATURE (parent if runner is under 18) _____ DATE ____/____/____

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AGE GROUP(S)

HANDICAP

AGE GROUP(S)

MEN

WOMEN

| | | |
|------------------------------|-------------|------------------------|
| | 0 ----- | W 70+ |
| | 3:39 ----- | W 65-69 |
| | 6:50 ----- | W 60-64 |
| M 70+ ----- | 9:32 ----- | W 55-59 |
| M 65-69 ----- | 11:37 | |
| | 11:57 ----- | W 50-54 |
| M 60-64 ----- | 13:11 | |
| | 13:59 ----- | W 45-49 |
| M 55-59 ----- | 14:38 | |
| | 15:25 ----- | W 40-44 / W 14 & under |
| M 50-54 / M 14 & under ----- | 15:59 | |
| | 16:19 ----- | W 35-39 |
| | 16:50 ----- | W OPEN |
| M 45-49 ----- | 17:12 | |
| M 40-44 ----- | 18:20 | |
| M 35-39 ----- | 19:23 | |
| M OPEN ----- | 20:19 | |

