

PAWNEE

Prairie Days 5K



Pawnee Prairie Days 5K Run/Walk

June 12, 2010, 8:00 a.m.

Proceeds will benefit

- **Muscular Dystrophy Association**
- **Sudden Infant Death Services of Illinois**

Race Information

Start and Finish: behind Pawnee Schools at 810 N 4th Street, Pawnee

Course: 3.1 miles through the streets of Pawnee

Entry Fee: \$20 prior to June 11th, \$25 the day of the race

Packet Pick-up: Pawnee Schools, 810 N 4th Street, Pawnee on Friday, June 11, 2010 4:30 p.m.-6:30 p.m. or 6:30 a.m.-7:30 a.m. on race day

Awards: Will be given to the top male and female overall finisher and top two per age group per gender

Age Groups

14 & younger	25-29	40-44	55-59
15-19	30-34	45-49	60-64
20-24	35-39	50-54	65-69
			70 & Older

Registration Form

Name: _____

Age: _____ Birthdate: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Sizes: YOUTH or ADULT — Small Medium Large XLarge XXLLarge

Please mail and make checks payable to "Pawnee Prairie Days 5K" c/o Mindi Tuxhorn, 900 Sixth Street, Pawnee, IL 62558.
Contact information: mtuxhorn@hotmail.com, 217-899-8814

Waiver

In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for the myself, heirs, executors and administrators, waive and release any and all rights and claims for any damages, loss, liabilities, claims, demands, costs and expenses, which I may now or in the future have against Pawnee Prairie Days Association, a not-for-profit corporation, any and all sponsors and all assigns for any and all injuries or losses suffered by me in this event, including pre and post race activities. I attest and verify that I am physically fit and have sufficiently trained for this event. Further, I grant permission to Pawnee Prairie Days Association and/or agents authorized by them to use any photographs, videotapes, recordings or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____