



**Friends of McCormick's Creek  
Owen County Family YMCA**

# **5K Run/Walk & 1 Mile Fun Run**

**Saturday, April 29, 2017**  
**8:30 am**

***A Mag 7 Series Race***

**Register as a group with your club or business!**

**Largest group recognized with commemorative plaque and group photo!**

**Where: McCormick's Creek State Park Nature Center**

**When: Race Day Registration begins at 7:30am**  
**Awards Ceremony following the race**

Prizes to top male and female 5K overall runners and walkers. Awards granted to top 2 age group winners in 5K run and first age group winners in 5K walk and Fun Run.

**5K Run or Walk:** \$20 (postmarked by 4/15/17)  
\$25 (after 4/15/17)

**1 Mile Fun Run:** \$ 5 (postmarked by 4/15/17)  
\$10 (after 4/15/17)

**Additional Shirts:** \$10 (must be ordered by 4/15/17)

All **5K** participants that register by April 15th will receive a t-shirt. Shirts are not included for 1 Mile Fun Run.

For information: (812)828-9622 or [programs@owencountyyymca.org](mailto:programs@owencountyyymca.org)  
Online Registration: [www.Mag7RaceSeries.com](http://www.Mag7RaceSeries.com)



Please complete and sign the form on back.

Mail entry to: Owen County Family YMCA  
1111 West State Hwy. 46  
Spencer, IN 47460



**Friends of McCormick's Creek  
Owen County Family YMCA  
5K Run/Walk & 1 Mile Fun Run  
April 29, 2017  
8:30am**

Participant name: \_\_\_\_\_ Bib # \_\_\_\_\_  
(for office use only)

**Registering as part of a group?** Please print the name of your business or club. \_\_\_\_\_

**Gender:** M F **Age on 4/29/2017:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**5K Age Group:**

14 & under	15-19	20-29	30-39	40-49	50-59	60-69	70+		
<b>Run</b>	or	<b>Walk</b>	<b>Shirt Size:</b>	YM	YL	AS	AM	AL	AXL

**1 Mile Fun Run Age Group:** 4-5 6-7 8-9 10-13

**Additional Shirts:** \_\_\_\_YS \_\_\_\_YM \_\_\_\_YL \_\_\_\_AS \_\_\_\_AM \_\_\_\_AL \_\_\_\_AXL

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

**Waiver and Release**

I know that running a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also assume any and all other risks associated with running this event, including but not limited to falls, contact with other participants, the effects of weather including high heat and/or humidity and the condition of the roads, all such risks being known and appreciated by me. I agree to abide by all decisions of the race officials relative to my ability to safely complete this race. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Owen County Family YMCA, Indiana Department of Natural Resources and McCormick's Creek State Park, including Race Officials; Volunteers; any and all sponsors including their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event though that liability may arise out of negligence or care less ness on the part of the persons named in this waiver. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to all of the persons or entities in this waiver and/or agents authorized by them to use any photographs, videotapes, motion pictures recording, or any other record of this event for any purpose. Applications for minors will be accepted only with a parent's signature. (If a parent is signing on behalf of a minor, then the parent agrees to defend and indemnify all persons and entities listed in the second paragraph of this Release & Waiver against any claim brought against them by that minor at any time, arising out of the minor's participation in this event.)

\_\_\_\_\_  
Signature of participant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian if under 18 Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of parent or guardian Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_