



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

# **5K Run/Walk 10K Trail Run**

**Sunday, Sept. 24, 2017  
2:00 pm**

**Packet Pick up / Registration 1:00-1:45pm at Nature Center**

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

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

**Awards Ceremony following the race.**

Awards granted to top 2 age group winners, male and female, in 5K run and first age group winners in walk. Awards granted to first place winners in each age group, male and female, in 10K run. Prizes for overall winners, male and female, in 5K run, 5K walk, and 10K run.

**Entry Fee if postmarked by Sept. 9: \$20 for 5K, \$25 for 10K**

(All participants that register before September 9th will receive a tech shirt.)

**Entry Fee on site or after Sept. 9: \$25 for 5K, \$30 for 10K**

**For information: (812)828-9622 or <programs@owencountyyymca.org>**

**Register online at [www.friendsmccormickscreek.org/YMCARace/form.php](http://www.friendsmccormickscreek.org/YMCARace/form.php)**

**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 and 10K Trail Run**  
Sunday, September 24, 2017  
2:00pm

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 9/24/2017: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age Group:

14 & under    15-19    20-29    30-39    40-49    50-59    60-69    70+

Circle: 5K Run or 5K Walk or 10K Run    Shirt Size: S    M    L    XL

Quantity of additional shirts (\$10each):    _____S    _____M    _____L    _____XL
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Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Waiver and Release**

I know that running a 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: \_\_\_\_\_