

COLLIN BOWEN MEMORIAL RUN/WALK
July 12, 2008
Matter Park, Marion, Indiana

Events: 5K competitive run; 2 mile noncompetitive walk

Time: 9:00 a.m. (Race day registration 8-8:30 a.m. at Shelter near Tennis Courts)

Cost: 5K run \$20; Walk \$10. Cost includes T-shirt

Awards: 5K run will award medals to the top 3 overall male and female finishers in the following age groups: 14 and under, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over. Medals will also be awarded to the top 3 male and female walkers

Amenities: Post-race food and music

For additional information contact Stacy Henderson at 765.668.4401

Name _____ Male _____ Female _____

Address _____ City _____ Zip _____

Age at time of race _____ Phone _____ Division _____

Shirt size: S M L XL XXL XXXL

Waiver Statement: (Must be Signed): I know that running/walking a road race is a potentially hazardous activity. I should not run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official regarding my ability to safely complete the race. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of heat or weather, 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 organizers, the City of Marion, and all sponsors, their representatives and successors from all claims and 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. I grant permission to all of the organizers/sponsors of this event to use any photographs, motion pictures, recordings or any other record of this event which contains my name or image for any legitimate purpose.

Signature _____ Date _____

Parent's Signature (if under 18) _____

Complete this form in full for each participant and mail check or money order to:
City of Marion, Attn: Stacy Henderson, 301 S. Branson St., Marion, IN 46952
Please make checks payable to: Collin J. Bowen Scholarship Fund