



Adams Memorial Hospital/Kekionga Greenway Gallop

5k Race / Walk

Saturday, August 17, 2019

6:30 p.m.

This race is part of the Adams County Race Challenge Series

Bib timing for all 5 K participants.

COURSE: Accurate 5K beginning in Riverside Park, proceeding through River Greenway and back to the gazebo at Riverside Center, Decatur, IN.

AWARDS: Prizes are awarded to the top overall male and the top overall female, top Master male and Top Master female. An award is also presented to the top place finisher in each age division, medal awards will be given to the next 2 places and a ribbon for 4th.

Men: 14 & under; 15-18; 19-29; 30-39; 40-49; 50-59; 60-69; 70 & older

Women: 14 & under; 15-18; 19-29; 30-39; 40-49; 50-59; 60-69; 70 & older

PRE-REGISTRATION: You may pre-register by mailing your completed entry form and check or money order made out to: CALLITHUMPIAN COMMITTEE to: Linda Morris, P.O. Box 902 St. Decatur, IN 46733

DEADLINE FOR PRE-REGISTRATION IS FRIDAY, AUGUST 2, 2019

All pre-registered runners (by deadline date) are guaranteed a custom designed event T-shirt.

RACE DAY REGISTRATION: Runners may register the day of the event on site from 5:30 p.m. – 6:20p.m.

Fee: Pre-registration:

5k - \$15.00

Race day Registration:

5k - \$18.00

Bib timing for all 5 K runners.

GENERAL INFORMATION: Refreshments will be available to PARTICIPANTS ONLY after the race. Restroom facilities will be available. Parking is available on Riverside's lot. **NO PETS ALLOWED.**

SPONSORS: Adams Memorial Hospital, First Bank of Berne, Indiana Physical Therapy, Adams County Community Foundation, Custom Car Care, Mind's Eye Graphics

FOR INFO: Linda Morris (260) 724-2604 Mary Friedt (260) 724-3410

_____ Male _____ Female _____ 5k _____ T shirt size (adult sizes only)
Participating in the Adams County Racing Challenge Series _____ yes _____ no _____ walk

Name _____ Age _____ DOB _____

Address _____ City/State _____

Phone _____ Email _____

Waiver and release of all claims

In consideration of the acceptance of my entry into the Adams Memorial Hospital/Kekionga Greenway Gallop on August 17, 2019, I release Adams Memorial Hospital, First Bank of Berne, ACCF, Custom Car Care, Indiana Physical Therapy, Mind's Eye Graphics, the Callithumpian Committee, the Kekionga Committee, the Decatur Chamber of Commerce, the County of Adams, the City of Decatur and their representative employees, agents and other entities and individuals who are anyway connected with this event (including volunteers assisting with this event) from any and all liability and claims for injury or illness that I may sustain during my participation in this event or in any other way related to this event. I understand that this release applies to myself, my personal representatives, my heirs and assigns. I represent that I am adequately trained to participate in this event, and recognize the risk of injury accompanying such participation and acknowledge that the above person in permitting me to participate in this event is relying upon this release. Further, I hereby grant permission to any and all of the foregoing to use the photographs, videotapes, motion pictures, recordings and any other record of this event for legitimate purposes.

Signature: _____ Date: _____

Entry blank must be signed by the participant

Signature: (legal guardian) _____

If participant is under 18 years of age, the signature of a legal guardian is required.