



Callithumpian Canter

5k Race / 1 mile Fun Run / Walk

Sunday, October 6, 2024

Fun Run 1:30 p.m. 5K 2:00 p.m.



This race is part of the Adams County Race Challenge Series
Bib timing for all 5 K participants.

COURSE: Accurate 5K course on the River Greenway, Decatur, IN.

AWARDS: Awards will be presented shortly after the completion of the 5K event.

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: Mary Friedt 325 N. 9th St. Decatur, IN 46733

DEADLINE FOR PRE-REGISTRATION IS THURSDAY, SEPTEMBER 20, 2024

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 1:00 p.m. – 1:45 p.m.

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| Fee: | Pre-registration: | 1-mile Fun Run - \$10.00 | 5k - \$20.00 |
| | Race day Registration: | 1-mile Fun Run - \$20.00 | 5k - \$25.00 |

Chip 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 the school's lot. **NO PETS ALLOWED.**

SPONSORS: Adams Memorial Hospital, Decatur Dental Services, Pyxie Lane Boutique, Tug It Trucking, Custom Car Care, and Adams County Community Foundation.

FOR INFO: Linda Morris (260) 724-2604 Mary Friedt (260) 724-3410 Carl Risch (260) 724-8588

Mail to: Callithumpian Committee, P.O. Box 902, Decatur, IN (or) Mary Friedt, 325 N 9th Street, Decatur, IN 46733

Male Female 1 mile Fun Run 5k walk T shirt size (adult sizes only)
Participating in the Adams County Racing Challenge Series yes no

Name _____ Age _____ DOB _____

Address _____ City/State _____

Phone _____ Email _____

Waiver and release of all claims

In consideration of the acceptance of my entry into the Callithumpian Canter on October 6, 2024, I release Adams Memorial Hospital, Complete Printing, ProFed Credit Union, Decatur Dental Services, Custom Car Care, ACCF, the Callithumpian 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

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