

OFFICIAL ENTRY FORM

(Entry will be accepted on this form or any facsimile)

2017 LAKE ATWOOD TEN MILE

Sunday, July 16, 2017

7:00 A.M. (CST - Morning Race)

YOUR NAME: (Please print) _____ M/F _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE: (_____) _____ COUNTY OF RESIDENCE: _____

BIRTHDATE: MONTH _____ DATE _____ YEAR _____ AGE DAY OF RACE _____

RACE ENTERED: (Check One)			<u>Day of Race</u>	
Ten Mile _____	\$ 15.00	-----	\$ 20.00	
8K _____	\$ 10.00	-----	\$ 15.00-	
4K _____	\$ 10.00	-----	\$ 15.00-	
2K _____	\$ -0-	(10 yrs.old & Under) ----	\$ -0-	

YOUR BEST PERFORMANCE--PAST TWO YEARS:

RACE: _____ TIME: _____

RACE: _____ TIME: _____

Other pertinent information: (please write on back of this form)

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Rawlins County Fair, City of Atwood, Atwood Township, County of Rawlins, Atwood Ambassadors, their agents, representatives, successors and assigns for any and all injuries suffered by me while going to and returning from and competing in the 2017 Lake Atwood Ten Mile Road Race (or any of the shorter races) in Atwood, Kansas on July 16, 2017. I certify that I have trained for this event and that I am in adequate physical condition to safely participate and complete the race in which I have entered.

Signature: _____

Parent's Signature (if 17 or under): _____

(Entry will not be accepted without signature)

PLEASE LIST NAME AND ADDRESS OF OTHER RUNNERS YOU KNOW WHO MIGHT BE INTERESTED IN RUNNING THIS YEAR IN ATWOOD -- Thanks for your help.

PLEASE MAKE YOUR CHECK PAYABLE TO LAKE ATWOOD TEN MILE

PLEASE MAIL THIS ENTRY FORM TO:

LAKE ATWOOD TEN MILE
P.O. Box 46
Atwood, KS 67730