

6th Annual
"Twin Fun Run & Walk"
10K, 5K & 1Mile
Saturday, June 3, 2017

For more information or to register send e-mail to:

Marti at Logan Co Healthcare Foundation exedir@lchcf.org, call 785-672-3663 or online at www.lchcf.org

Entry Fees for 10K and 5K are \$20 before May 12, 2017 and \$25 after May 12, 2017

Entry Fee for 1 Mile is \$10 before May 12, 2017 and \$15 after May 12, 2017

All participants will receive a t-shirt.

Prizes awarded to top participant in each age group and overall winners for male/female.

Twin dress is encouraged but optional! There will be a \$100 prize for overall twin pair or group!

Early packet pick-up will be Friday, June 2, 2017 from 5:00—7:00 pm at the Wellness Center.

Race Day Registration begins at 7:00 am

5K and 10K run/walk will begin at 8:00 am

1 Mile Fun Run will begin at 8:30 am

The event will stop and start at the Logan County Rehabilitation and Wellness Center.

Entry Forms can be mailed to the Logan County Healthcare Foundation, PO Box 21, Oakley, KS 67748,

dropped off at the office at 222 Center Ave, or completed online at www.lchcf.org.

Make checks payable to Logan County Healthcare Foundation.

**The first 40 kids ages 19 and under receive \$10.00 off their registration amount! Thanks to the Oakley Recreation Commission for their generous donation of \$400.00 for the youth in our community!*

ENTRY FORM

RACE: Circle your race

10K 5K 1Mile

T-shirt Size Circle your size

Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Youth Small Youth Medium Youth Large

Participant Info

Name

Address

City, State Zip

Phone

Email

Date of Birth

Age

Emergency Contact & phone

Payment check cash online www.lchcf.org

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all of my rights and claims for damages I may have against sponsors, coordinating groups, and nay individuals associated with the event, their representatives, successors and assigns for any and all injuries suffered by me in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connections with said event. I have been warned I must be in good health to participate in this event. I give medical personnel permission to treat my injuries if I am unable to make the decision for myself. I also give permission for the free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form I acknowledge I have read and fully understand my own liability and do accept the restrictions.

SIGNATURE (OR GUARDIAN'S SIGNATURE IF UNDER AGE 18)