



Lake of the Woods Children's Dash 2010

Race begins at 9:00 a.m., Saturday, June 5

Distance — Half-mile (for children 8 and younger) and one-mile (for children 9-12) out-and-back events. Entrants will run on a special course that begins and ends near the Lake of the Woods Resort just off Highway 140 about 35 miles west of Klamath Falls.

The course — Participants will be on an out-and-back course on paved roads. Race volunteers will help parents supervise the children. Times will be kept.

Fees, deadlines — The entry fee is \$5 per child and includes a T-shirt. The deadline to enter at this fee is May 21. Late entries will pay an additional \$2 each. Registrations will be taken until 8:30 a.m. Saturday, June 5, with T-shirts on race day available while supplies last.

Entry packets — Packets including race number, instructions, maps and T-shirt will be available at the race's registration area beginning at 8 a.m. Saturday, June 5.

Awards — All entrants in the Children's Dash will receive ribbons.

Questions? Call 541.882.6311, ext. 4768 E-mail: SPalcovich@skylakes.org

Sky Lakes Medical Center's Lake of the Woods Children's Dash 2010 Entry

Entrant's Name _____ Parent/Guardian name _____

Address _____

City _____ State _____ Zip _____

Telephone with Area Code (_____) - _____ - _____ Race distance: Half-mile One-mile

Age _____ Sex _____ Circle T-shirt size (children's sizes) S M L Amount enclosed \$ _____

Children's race: \$5 per entry (includes T-shirt). Entries after May 21, add \$2 each.

Mandatory release: In consideration of this entry, I, for myself and my heirs, administrators and assigns, for the above, a minor, forever waive, release and discharge all rights, demands and causes of suit or action, known or unknown, that I may have against any and all participating sponsors, supporters and directors, officers, employees and agencies of such parties for any and all injuries and damages in any manner arising or resulting from my participation in the Lake of the Woods Run, including negligence. I attest and verify that I have full knowledge of the risks involved in this event, that I assume those risks and my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses, and that I am physically fit and sufficiently trained to participate in this event. I grant permission to any and all of the foregoing to use my likeness in connection with this event. I have read the entry information provided for the event and certify my compliance by my signature. I certify that all information provided on this form is true and complete.

Parent/Guardian signature _____ (relationship) _____

Date _____

Mail to: Sky Lakes Medical Center, 2865 Daggett Ave., Klamath Falls, OR 97601, Attn: Lake of the Woods Run

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