



3rd ANNUAL GLYNDON RESCUE SQUAD 5K

THE GLYNDON RESCUE SQUAD IS PROUD TO ANNOUNCE THAT OUR 3RD ANNUAL 5K RACE WILL BE FRIDAY NIGHT, AUGUST 12TH! RACE WILL START AND END IN THE GLYNDON HIGH SCHOOL PARKING LOT. ALL LEVELS OF RUNNERS/WALKERS ARE WELCOME!! GLYNDON 5K IS GREAT FOR EVERYONE!!

PACKET PICKUP/REGISTRATION: 5:00 P.M. - 6:15 P.M.
RACE START: 6:45 P.M.

GO TO WWW.RUNGLYNDON.COM FOR MORE DETAILS!!

Glyndon Rescue Squad 5K Run/Walk Registration Form
Friday August 12th 2011 – 6:45 P.M.

****PLEASE REGISTER BEFORE JULY 25TH TO GUARANTEE YOUR SHIRT****

REGISTRATION FEE:

Before August 4th: \$20.00

After August 4th / Race Day Registration: \$25.00

Mail forms and payment to: Glyndon 5K, C/O Chris Jensen, 1231 Magnolia Ct., Glyndon MN 56547

PLEASE DO NOT MAIL REGISTRATION AFTER THURSDAY AUGUST 4TH 2011!

Please make checks payable to: Glyndon Rescue Squad

Name: _____

Gender: F or M **Age on race day:** _____ **T-Shirt Size (circle one):** S M L XL XXL

Address: _____

Phone number: _____

Email: _____

Liability Waiver must be signed to participate in the Glyndon Rescue Squad 5K Run/Walk

I recognize that running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race officials relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including cold, rain, high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Glyndon Rescue Squad 5K Run/Walk, its directors, officers, staff, and volunteers, the city of Glyndon, MN and its employees, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I ALSO UNDERSTAND THAT THERE ARE NO REFUNDS.

Participant Signature (Parent or guardian if under age 18)

Date