

THE DAN PATCH 5K PACE

Certified 5K Run and Family Fun Walk Sponsored by



Promoting Education & Healthy Lifestyles

SATURDAY JUNE 21, 2008

9:00 a.m. 5K RUN 11:00 a.m. 1-MILE FUN WALK

Life Time Fitness - Savage, MN – NE side of parking lot

(5K Registration/Check-in 8:00 - 8:45am. Walk 10:30-11:00am)

PARTICIPANT REGISTRATION FORM * or REGISTER ONLINE at www.plsaef.org

5K RUN: One registration form PER PERSON - 1 MILE or 5K WALK: One form per person, family or group

____ 5K RUN. Pre-registration accepted until JUNE 10, 2008. AGE ____ MALE ____ FEMALE ____

\$20.00 adult, \$15.00 students (**under age 19**) Includes T-shirt, awards, refreshments & prizes!

LATE REGISTRATION OR EVENT DAY WALK-INS: \$25 adult, \$20 student. No guarantee of souvenir T-shirt.

NOW 10 RACE CATEGORIES!! M&F student M&F 19-29 M&F 30-39 M&F 40-49 M&F 50+

____ 1-MILE WALK. All abilities welcome. Strollers OK. DRAWINGS & PRIZES! Come see Cinderella, GI Joe and other friends!
\$5 person, \$10 FAMILY/GROUP RATE. Includes refreshments. **T-shirts for purchase: \$6/person.**

____ I/we are making an additional tax-deductible donation to the Foundation of \$ ____.

Name: _____ Email address and/or telephone: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

T-shirt size: S ____ M ____ L ____ XL ____ Youth S ____ M ____ L ____ (Indicate sizes and number desired) 5K PACE: Free, WALK: \$6/person
6-8 10-12 14-16

INCLUDE ALL REGISTRATION FORMS WITH PAYMENT (If registering more than one person for the 5K PACE)

____ Enclosed is my check or money order in the amount of \$ ____.

____ Pay by credit card

Visa/MasterCard Card # ____ - ____ - ____ - ____ Expiration Date: ____/____ 3digit VIN: ____

Total amount to be billed: \$ ____ Cardholder signature: _____

Please mail registration & payment to: **PLSA Educational Foundation - 5K PACE**
PO Box 840, Prior Lake, MN 55372
e-mail: karik@integra.net

WAIVER: I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks are known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the Prior Lake-Savage Area Educational Foundation, the City of Savage, the State of Minnesota, and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to PLSAEF and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event for any purpose. There will be a \$20 fee for all returned checks. Sorry no refunds.

Participant signature* _____ Date _____

*If participant is under 18, parent/guardian signature _____

FOR MORE INFORMATION OR FORMS visit
www.danpatchdays.org OR the Foundation website at www.plsaef.org

