



ST. MARY'S Warrick

5K Run/Walk

Saturday June 12th, 2010

Boonville, Indiana



Location: The race will begin and end at St. Mary's Warrick Hospital located off of Highway 62 and Millis Ave. The race course is mostly flat with a slight elevation grade and a couple of hills.

Time: Run begins at 8:00 A.M. Walk begins at 8:05 A.M.

Registration: Each participant of the 5K Run/Walk must complete and sign an official entry form before the start of the race. Entrants can apply online at www.stmarys.org/relay

Fee: The early entry fee is \$15.00 if received on or before May 24th, 2010. Late entries received after May 24th, 2010 will be \$20.00. Make all checks payable to the **St. Mary's Warrick Foundation. All net proceeds will benefit the Relay for Life of Warrick County/American Cancer Society and the St. Mary's Warrick Hospital Foundation.**

Awards: T-shirts, and a bag of goodies for each early registered race participant. \$150.00 cash prize/trophy awarded to overall male and female runners, \$75.00 cash prize/trophy awarded to second overall male and female runners. \$50.00 cash prize/trophy awarded to third overall male and female runners (not eligible for age category awards). \$25.00 awarded to male and female runner that breaks course record. \$25.00 awarded to top male/female runner at halfway point. Trophies will be awarded to the top 3 overall male and female runners in the following age groups:

15 & under	40-44
16-19	45-49
20-24	50-54
25-29	55-59
30-34	60-69
35-39	70 & over

Trophies awarded to Top 1st-4th for both male and female walkers. (No running)

Race packet pickup will be available the day of the race at 6:45 A.M.-7:45 A.M. or can be picked up prior to event at St. Mary's Warrick Hospital. T-shirts cannot be guaranteed for late registrants.

Course Record – Tristan Mannix (Male) 16:02 (2009) Alisha McDaniel (Female) 19:14 (2008)

There will be a water station available at the 1.5 mile marker and refreshments/food will be provided after the race.

Name _____ Age _____ Phone _____
 Address _____ City _____ St _____ Zip _____
 Date of Birth _____ Male Female 5K Run _____ 5K Walk _____
 T-Shirt Size: S M L XL XXL email address _____

Waiver

In submitting this entry, I, intending to be legally bound for, my heir, executors and administrators waive, release and forever discharge any and all rights and claims that I may hereafter accrue to me against St. Mary's Warrick Hospital, Warrick County, American Cancer Society, event sponsors, event volunteers and their officers, directors, agents, successors, and/or assigns for any and all injuries suffered by me at this event, while traveling to and from the Warrick Relay for Life 5K Run/Walk or while participating in the event on June 12th, 2010. I attest and verify that I am physically fit and sufficiently trained for competition of this event.

Signed: _____ Date: _____

(Parent or guardian must sign if applicant is under the age of 18)

Mail completed form with entry to: St. Mary's Warrick Hospital, 1116 Millis Ave, Boonville, IN 47601-
attn: Bob Murphy. Any questions, please feel free to contact me at 812-897-7137