



WEBSTER-DEWANGEN

Building healthy friendships through the student exchange program

5K Run/Walk

June 8, 2010 7 p.m.



In partnership with the
Sanford Health Fair &
Webster-Dewangen Friendship Committee



NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____

SEX: M _____ F _____ BIRTH DATE _____ AGE ON RACE DAY _____

FINISHER'S SHIRT: SIZE S _____ M _____ L _____ XL _____ XXL _____ (\$3 extra for XXL only)

FRIEND'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____

SEX: M _____ F _____ BIRTH DATE _____ AGE ON RACE DAY _____

FINISHER'S SHIRT: SIZE S _____ M _____ L _____ XL _____ XXL _____ (\$3 extra for XXL only)

ENTRY FEES

Individual Fee \$20 Individual and Friend - \$30

Held rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds and your entry fee will be used as a donation to the Webster-Dewangen Student Exchange program.

Race starts and ends at Sanford Webster Medical Center

RACE WAIVER

I know that running a trail/road race and walking 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 official relative to my ability to safely complete the run. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat or humidity, traffic and the condition of the trail/road, and 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 acting on my behalf, waive and release the race organizers and 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.

SIGNATURE _____ DATE _____

PARENTS SIGNATURE IF UNDER 18 _____ DATE _____

To guarantee t-shirt drop off by May 24 to Sanford Medical Center Webster, Cornwell Drug,
Mike's Jack & Jill or Reporter & Farmer

or mail entry form and check to: Webster Dewangen Friendship Committee, PO Box 30, Webster, SD 57274

Questions: 605-345-3356 or suhrs@reporterandfarmer.com