



Back to the Trails 21st Annual Ridge Runner Classic

**Fox Ridge State Park
Route 130, 8 Miles
South of Charleston, Illinois**

DATE: October 25, 2008

TIME: 8:30 a.m. Rain or Shine

RUN COURSE: 3 ¾ (1st mile on black top road, the rest on wide park trails)

WALK COURSE: 2.5 and 1.5 on black top roads.
Baby strollers welcome on walk only! No Dogs. No Rollerblades.

ENTRY FEE: \$10 if received by October 17 – \$15 on day of race.

Make checks payable to:

Fox Ridge Foundation
P.O. Box 714
Charleston, IL 61920-0714

Proceeds go to the Fox Ridge Foundation for benefit of the Fox Ridge State Park.

T-SHIRTS: Guaranteed to all pre-registered participants. Quantities may be limited on race day.

AWARDS: 1st Place Overall – Male and Female Finishers
1st for male age group finishers:
18 and under, 19-29, 30-39, 40-49, 50 and over.
1st for female age group finishers:
18 and under, 19-29, 30-39, 40-49, 50 and over.
1st and 2nd Place for 2.5 Mile Walk
*Additional awards may be presented based on age group participation.

MORE INFORMATION: Further questions should be directed to:
Mary Bower (bbower@consolidated.net)
Marc Carlton (mkcarlton@consolidated.net)

Name _____

Address _____

City, State, Zip _____

Phone _____ Sex: Male Female

Date of Birth _____ Age on 10/25/2008 _____

Run: Walk: 2.5 Miles 1.5 Miles

T-Shirt Size (Child*, M, L, XL, XXL**): _____ *Child t-shirt size is 14-16 ** for \$1 extra

Email @ _____

In consideration of the foregoing, I, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I have, or may have, against the Fox Ridge Foundation, its members, Fox Ridge State Park, or its agents, the State of Illinois and any and all claims of damages, demands, actions whatsoever in any manner as a result of my participation in said race. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. Further, I here-by grant full permission to any and all of the foregoing to use my likeness for any purposes whatsoever.

Signature _____ Date _____

Parent or legal guardian if under 18 _____ Date _____