

SUMMER SPLASH

5K

Washington Park District

Saturday, July 19th, 2003

7:30 a.m.

Washington Park Pool

Course:

A fun, yet challenging course beginning at the Washington Park Pool located at:

1003 Westgate Road

Location:

The Washington Park Pool has accessible restrooms, dressing rooms and showers.

In addition, a free open swim will be available following the race for all participants and their guests.

Registration Information:

Entry fee for registrations received by mail or in person by Thursday, July 3 will be \$15. Registrations received after that date, and race day registrations will be \$18. Fee includes entry to the race/walk, T-shirt, goodie bag and entry to the pool following the race. T-shirts cannot be guaranteed for registrations received after July 3rd. Race numbers and T-shirts may be picked up race day at the registration table between 6:30 – 7:00 A.M.

For questions please call the
Washington Park District at 444-9413

Awards

Overall Male & Female winners will each receive a Summer Splash plaque.

Medals will be awarded for each male & female winners in the following age groups.

Age Categories for 5K

(Men & Women)

9 – 11	40 – 44
12 – 14	45 – 49
15 – 19	50 – 54
20 – 24	55 – 59
25 – 29	60 – 64
30 – 34	65 – 69
35 – 39	70 +

Stay to Swim Following the Run

Immediately following the race/walk you can cool down in the pool!

Swimming is free for all registered runners and their guests.



Registration Form & Liability Waiver

Summer Splash 5K

Print Name: _____

Age: _____ Sex: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone (Day): _____ Phone (Evening): _____

Shirt Size: ___ M ___ L ___ XL

Race Number: (for office use only) _____

Please make check payable to Washington Park District.

Registration Fee: _____ \$15.00 before July 3rd
_____ \$18.00 after July 3rd

I understand that running or walking in a run/walk is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by the decision of race officials relative to my ability to safely compete the event. I assume all risks associated with participating in this event. I also know that although police protection will be provided, I assume the risk of running/walking in traffic. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf waive and release the City of Washington, Washington Park District, its Board of Commissioners or employees, Illinois Valley Striders and all other sponsors from all claims or liabilities of any kind arising out of my participation in this event.

Signature: _____

Date: _____

Parent /Guardian Signature
(if participant is under 18 years of age)

Return Form to:

Washington Park District
815 Lincoln St
Washington, IL 61571

Questions: Please contact Washington Park District 444-9413