



Camden Falls & Hampton Inn

Proudly sponsors the
Tiffin-Seneca United Way
5-K and 1-K Run

Sunday, October 28, 2007
Camden Falls Conference Center
2460 S. SR. 231
Tiffin, OH 44883

Make Checks to Camden Falls, and mail to Camden Falls

8:50 AM Kids Race (1 k)
Ages(5-9) & (10-13)
Entry Fee: \$10.00 with T-shirt
\$15.00 after 10/24/07

9:00 AM 5-K
Entry Fee: \$15.00 with T-shirt
\$20.00 after 10/24/07
Limited # of T-Shirts on Race Day

ENTRY FORM RACE WAIVER (please read carefully):In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the race organizers, directors, promoters, managers, officials, agents, sponsors, their representatives and successors, employees and volunteers of the 2007 5-K and 1-K Run from any and all claims of injury or liabilities of any kind, illness or damage suffered by me, as a result of my participation in or traveling to or from this event. I know that running 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 run or walk. I assume all risks associated with running or 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 conditions of the road, all such risks being known and appreciated by me. I realize that this is a strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and in good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature/Guardian _____ Date: _____

First Name	Last Name
Address:	
City: _____ State: _____ Zip: _____	
Phone (____)____-_____	Sex: M - F (Circle One)
Date of Birth ____/____/____ Age on Day of Race: _____ Emergency Contact and Phone # : _____	Event Entered – PLEASE Circle One: 5-K Run and 1-K Run Shirt Size - Circle One: Adult: S - M - L – XL Youth: S - M - L
PAID: TYPE OF PAYMENT: (Circle One) Cash, Check, Credit Card, Make checks out to Camden Falls	