

**RACE DAY INFORMATION:**

**Saturday, August 30th** *(Labor Day weekend)*

**Winona Lake Park, Indiana**

**Registration – 8:00 – 8:45 am; Race begins at 9:00 am**

RAISING MONEY FOR MILITARY FAMILIES IN OUR COMMUNITY AND IN INDIANA

PERSPECTIVE 5K 2014

**ENTRY FEES: $20 PRE-REGISTERATION – Before August 22nd**

**$25 PER PERSON – After August 22nd**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirts: S M L XL XXL (Circle one size)

**READ THIS WAIVER BEFORE SIGNING** I know that running/walking a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in the Perspective 5K including, but not limited to: falls, contact with other participants, the effects of weather, including low temperatures, high heat and/or humidity, traffic and conditions of the road and all other 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 entitled to act on my behalf, waive and release Perspective 5k, USA Cares, City of Winona Lake and all event sponsors, and their agents, all event volunteers, 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. I grant permission to all the forgoing to use any photographs, motion pictures, video tape recordings or any record of this event for legitimate purposes. Runners will be charged a $25 fee for lost or damaged chip timers.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature (or of parent/guardian if under 18 year old)

 Make checks payable to Perspective 5K. Mail your completed registration form and payment to: 2071 E. Pierceton Rd. Warsaw IN, 46580