



HARVEST 5K RUN/WALK
Saturday, October 3, 2009

Downtown Springfield, Kentucky
(race begins on Main St.)

Registration/Check-in:
7 a.m. -7:45 a.m.

Race Begins:
8 a.m.

Awards will be given for Overall Male & Female and Top 3 finishes in each age category

Please complete the following information and return it to the Chamber of Commerce by September 30th.

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____
Gender: M F (circle one) **Age on Race Day** _____

Entry Fee: \$15
\$5 for Students

Waiver of Liability: In consideration of the acceptance of my entry, I hereby for myself, my heirs, executors and administrators do release any and all sponsors and associates of the Springfield-Washington Co. Chamber of Commerce, and the Kentucky Crossroads Harvest Festival of any damages, demands, or actions whatsoever in any manner arising or growing out of my participation in this run/walk. I attest and verify I have full knowledge of the risk involved in this event and that I am physically fit and sufficiently trained to participate in it.

Signature: _____ **Date:** _____

Signature of Parent, if under 18 years of age: _____

Please send forms and checks to:
Springfield-Washington Co. Chamber of Commerce
124 W. Main St., Ste. 3
Springfield, KY 40069
Questions: 859.336.3810, ext.1