



**THE 2017
THIEF RIVER FALLS
LINCOLN HIGH SCHOOL
CLASS OF 1990 MEMORIAL FAMILY
5K RUN/WALK**

**This Run/Walk is in memory of all those
Classmates and Family members no longer with
us.**

**People of all ages are invited to participate in
this fun run/walk.**

Date: Saturday, July 15th, 2017

Late registration/Starting point: 9:30am West entrance of Pennington County Fairgrounds (near the corner of Barzen & 3rd Street)

Event start time: 10:00am (Rain or shine)

Event route: See map. Starting line at west entrance of the Fairgrounds on Barzen Avenue—finishing at the same point as the start—west entrance of Fairgrounds.

Entry fee: Registration \$20/adults & \$10/kids 10 years & under

****Note:** Shirts will be ordered only for those who are pre-registered by June 20th, there will be a small number of shirts available the day of the run for \$10 each.

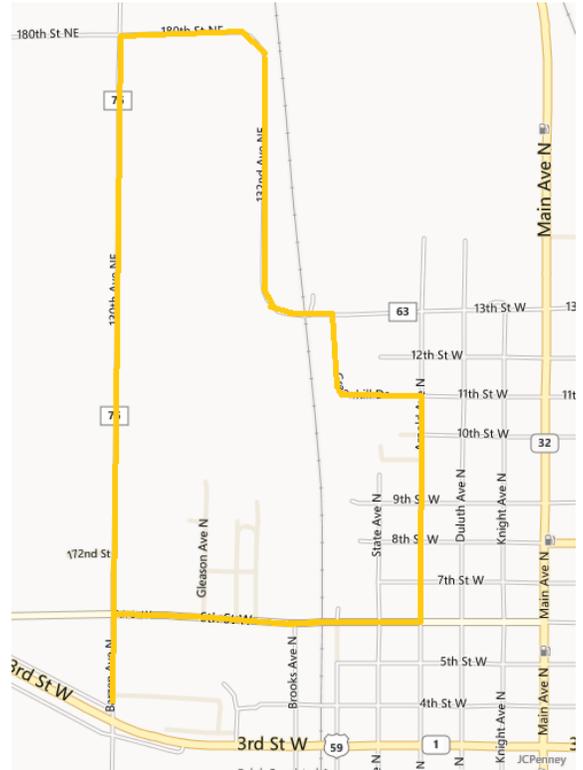
Make checks payable to: Class of 1990 5k Run/Walk

Send completed registration form to: Class of 1990 5K Run/Walk,
c/o Caron Alten, 15708 State Hwy 1 NE Thief River Falls, MN 56701

Prizes: Prizes will be awarded to the top male and female finishers in each of the following age groups: 15 & younger, 16-30, 31-50, and 51 & older

Contact information: Event organizer, Caron Alten 218-686-2722

Proceeds: All proceeds go to the Nicole Knutson Memorial Scholarship and Class of 1990 Memorial Scholarship funds for annual disbursement to local high school students.



Cut here and return the bottom portion along with registration fee to Class of 1990 5K Run/Walk, c/o Caron Alten, 15708 State Hwy 1 NE, Thief River Falls, MN 56701

**The 2017 Thief River Falls
Lincoln High School Class of 1990
Memorial Family 5k Run/Walk
Entry/Registration Form**

Name: _____

Address: _____

City, State Zip: _____

Email Address: _____ **Phone:** () _____

Age Group: _____ **Circle gender:** Male Female

Entry fee amount paid: _____ **Shirt size:** _____

In consideration of your acceptance of this entry, I verify that I am physically fit, sufficiently trained to participate in this event, and have no medical condition that could likely worsen by participation in this event. I verify that I am aware and assume all risks associated with participation in this event. I understand the event utilizes public streets and that limited traffic control will be provided and that participation could be hazardous. In consideration of accepting my entry, I, the undersigned, intending to be legally bound hereby for myself, my heirs, my executors, and administrators, contractually waive and release any and all rights and claims for the damages I may suffer or which may arise against any or all sponsors, including, but not limited to, Thief River Falls Lincoln High School, City of Thief River Falls, for any and all injuries occurring by reason of negligent acts or omissions of the sponsors or otherwise, suffered by me or to my property arising out of connection to this event. I also grant full permission to the sponsors and agents authorized by them to use photographs, motion pictures, videotapes, recordings, or any other record of this event for any legitimate purpose. My signature below verifies that I have read, understand and agree to the terms stated above. I understand unsigned entries will not be accepted.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (required if Participant is under 18 years old): _____