Pierceton Heirloom Tomato Festival



5K RUN/ WALK August 28, 2021 Pierceton, Indiana



Date: Saturday, August 28, 2021

Time: 5K RUN/ WALK @9:00 AM

Location: Brower Park

Course: Starting and ending at Brower Park

Entry Fee:

\$15 Pre-race registration fee (T-shirt guaranteed) Pre-registration closes Wednesday. August 11th. After August 11th and on race day the registration fee will be \$20.00

5K Age Group Categories: 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

5K Awards: Awards to both Male and Female for 1st, 2nd, 3rd places in each age group, with special trophies to 1st overall Male & Female.

Registration: 8:00 AM to 8:40 AM on race day.

Pre-registration form is available on line at: piercetonchamber.com/forms

Send check * and complete registration form to: Pierceton Chamber of Commerce P.O. Box 49 Pierceton, IN 46562 * Registration online at runsignup.com

*Please make checks payable to: Pierceton Chamber of Commerce Questions? Contact: 574-797-3033

e-mail at: visitpierceton@yahoo.com

Pierceton Heirloom Tomato Festival 5K RUN/WALK				
Name:		Male _	FemaleAge on Race Day	
Address:			City	
State:	Zip:	Email:		
Shirt: ADULT SIZES S _	M L XL XXL _	(Shirts are only guara	anteed to those pre-registered by August 11 th .)	
Waiver Statement (mus	et be signed):			

I understand that competing in a road race can be a potentially dangerous activity. I verify that I am physically fit and have trained for this competition. I assume all risks associated with running this event including, but not limited to falls, contact with other participants, all risks being known and appreciated by me. Having read this waiver and knowing these I understand in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Pierceton Chamber of Commerce, the Town of Pierceton, all Sponsors, and officials from any claim of any kind arising out of participation in the above road race. I grant full permission to use photo/records of these events. I grant permission for emergency medical treatment for myself, my son/daughter by competent medical personnel on the date.

Signature:	Date:
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Parent/Guardian:	