



OCTOBER 27TH
CERALAND PARK
REGISTRATION 3 TO 4PM
RACE START 4PM

Make sure you get a shirt, sign up before October 15th!!!

<p>Come support and celebrate Tonya Galliher-Knulf beautiful life!</p> <p>90% of the proceeds will go to her two daughters College 529 Plans and 10% will go to the local Our Hospice of South Central Indiana where Tonya spent her final peaceful days here on earth.</p> <p>We will also be having fish fry starting at 5pm and lasting until dark at the shelter house. Any and all proceeds from the fish fry will also be donated as mentioned above!</p>	<p style="text-align: center;">RACE START: 4:00pm</p> <p style="text-align: center;">LOCATION: Ceraland Park – Parkview Shelterhouse (3989 S 525 E, Columbus, IN 47203)</p> <p style="text-align: center;">\$30.00 – 5K Entry ONLY \$35.00 – 5K Entry w/ Fish & Drink \$20.00 – Just want an Awesome Shirt!</p> <p style="text-align: center;">Online Registration: www.indianatiming.com</p> <p style="text-align: center;">Race Day Packet Pickup & Registration: Saturday, October 27th at Parkview Shelterhouse Registration & Packet Pickup: 3:00-4:00pm</p> <p style="text-align: center;">Questions: Jeff Niewedde: (812) 447-5528 or indianatiming@gmail.com</p>
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Registration Form (Please Print)

Name: _____		Address: _____	
City: _____	State: _____	Zip: _____	Phone: _____
Email: _____		Age (on 10/27/18): _____	
		Gender: _____	
I will be competing in: (MUST circle one!)		5K Run	5K Walk

Mail registration form and make check payable to: **Indiana Timing, PO Box 1403, Columbus, IN 47202**

Event Waiver

In consideration of acceptance of my entry, I hereby release, discharge and agree to hold free and harmless any sponsors, officials or organizers of this event and each of them together with their successors, assigns, officers, agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risk associated with my participation in this event, including, but not limited to fall, the effects of weather, traffic and road conditions, all such risks being known and appreciated by me. I verify that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor.

Signature

Date

Parent/guardian must sign if participant is under 18 years of age.