

# October 8, 2011—5K Run/Walk - REGISTER TODAY!

5th Annual



**LETTIE'S RIVER RUN /Walk • October 8, 2011**

**Male and Female Age Groups:**

13 and under	45-49
14-18	50-54
19-24	55-59
25-29	60-64
30-34	65-69
35-39	70 and up
40-44	

**Awards** Unique and coveted awards given to overall male and female winners and top three male and female finishers in each age group for the 5K run. 5K Walk overall male and female will win an award.

**FREE** Tee shirts for the first 400 paid registrants. (Adults also receive one complimentary beverage ticket for Central Waters Beer, served after the race)

**RACE INFORMATION:**

**Date: October 8, 2011**

**Time: 10:00 5K Competitive Run**

**10:01 5K Non-competitive Walk**

**11:00 Kids 1K Falcon Fun Run**

**Site: Lettie W. Jensen Community Center  
487 N. Main Street, Amherst WI 54406  
(715) 824-5202**

**jensencenter@wi-net.com**

**Course Description: 5K route follows along scenic country roads during the height of fall color season, crossing the Tomorrow River twice. Mostly flat with small hills. Professionally timed.**

**Paid Registration by 09/30/11 guarantees FREE T-shirt**

**9:30 a.m.– 12:00 p.m.**

After your invigorating run or walk, return to the Jensen Center for:  
Kid's PK-5th grade 1K Falcon Fun Run, registration on day of the race.  
"everyone wins a prize!"

Food, beverages, Central Waters Beer  
Socialize with friends *and more!*

**Proceeds:**

All proceeds of the run/walk benefit Jensen Community Center sponsored activities and other participating youth groups and several area school clubs.

For more information:

**Lettie W. Jensen Community Center  
715-824-5202  
jensencenter@wi-net.com  
thunter@wi-net.com**

**Lettie's River Run - Registration**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Age on 10/08/11 \_\_\_\_\_ (Circle Choices) M F 5K RUN 5K WALK — T-Shirt size (Adult sizes only) S M L XL (Adult sizes only)



**Pre-registered participants, please arrive 45 minutes before race starts. Participants registering onsite, please arrive at least one hour before race starts.**

**Payment:**

Ages 6 and older by 9/30/11—\$22 \_\_\_\_\_

Ages 6 and older After 9/30/11—\$27 \_\_\_\_\_

5 and Under FREE  
(Free registrants may purchase a t-shirt \$12) \_\_\_\_\_

Additional Donation for  
the Jensen Center Programs \_\_\_\_\_

**TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_**

*5 and under free, no shirt!*

**MAIL PAYMENT WITH REGISTRATION TO:  
Jensen Community Center  
487 N. Main St. Amherst, WI 54406**

**Call for Discover, Master Card or Visa Payment  
(715) 824-5202  
Register on-line at: [www.lettiesriverrun.org](http://www.lettiesriverrun.org)**

**WAIVER & RELEASE FROM LIABILITY**

Warning: Participating in the Lettie's River Run can be a serious threat to the health of individuals who are not in excellent physical condition. For, and in consideration of, my participation in the Lettie's River Run, I myself, my executors, administrators, heirs, and assignees do hereby release and discharge the Amherst Area Foundation, Inc., its directors and staff of the Lettie W. Jensen Community Center and all volunteers, sponsors, agencies, subsidiaries, affiliates and beneficiaries jointly and severally and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss damage or expenses or whatever kind and nature including, but not limited to, attorney fees which at any time may be incurred by reason of my participation in or my preparation for any of the afore said events. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in Lettie's River Run, I require medical attention, I hereby give my consent to authorized medical personnel of Lettie's River Run to provide such medical care as it is deemed necessary by such authorized personnel. The below signed grant full permission to any and all foregoing use to his/her likeness, including photographs and Videotape for publicity and advertising purposes without compensation. If signing for a dependant under the age of 18, all conditions of liability release and waiver listed above will be held accountable.

Signatures participant/s \_\_\_\_\_

Office Use Only: # \_\_\_\_\_

**(PARENT SIGNATURE REQUIRED FOR ENTRANTS 17 YEARS OR YOUNGER)**