

Bluffton Regional Medical Center presents

# 37<sup>th</sup> Annual Parlor City Trot

Half-marathon--10mile--10km

September 3, 2011

7:30am

City Hall at 128 E. Market  
Bluffton, Indiana

For information contact:  
Mac McAvoy 260-450-1071  
macmcavoy@gmail.com

## FEES:

Pre-register by 8/31/11

<u>Event</u>	<u>By 8/31</u>	<u>Race day</u>
1/2 Mar.	\$25.00	\$35.00
10 mile	20.00	30.00
10 km	18.00	25.00

### AWARDS

Top 5 Overall and Masters for male/female and age group awards. (1/2 marathon)  
Top 3 Overall and Masters for male/female and age group awards. (10mile and 10km)

### RESULTS

Available at [fwtc.org](http://fwtc.org) and [runindiana.com](http://runindiana.com)

Register on-line at:  
**runrace.net**

Please bring non-perishable food items for the Wells County Food Bank.

### RACE APPLICATION

Make checks payable to: ORR  
Send to: ORR/PCT PO Box 513 Bluffton, IN 46714

Official Use Only

Name \_\_\_\_\_

Address \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age on race day \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ e-mail \_\_\_\_\_

T-shirt: small \_\_\_\_\_ med \_\_\_\_\_ large \_\_\_\_\_ x-large \_\_\_\_\_

### WAIVER: Must be signed by participant or by parent/legal guardian if participant is under 18 years.

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running or walking in this event including, but not limited to: falls, contact with other participants, the effect of the weather including high heat and/or humidity, traffic and the conditions of the road or any other running surface: all such risks being known and appreciated by me. For my safety, I understand that bicycles, skateboards, baby joggers, roller skates or in-line skates, animals and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Ouabache River Runners, Ouabache State Park, all sponsors, all volunteers, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I allow my photograph or likeness to be used for any lawful purpose.

Signature of participant \_\_\_\_\_

Date \_\_\_\_\_