



# D.A.R.E. 5K RUN/Walk



## May 29, 2010 Warsaw, Indiana

**Date:** Saturday, May 29, 2010

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

**Location:** Center Lake Pavilion

**Course:** Starting and ending at Center Lake Pavilion

**Entry Fees:**

\$12.00 Pre-race registration fee (Pre-registration closes Wednesday, May 19<sup>th</sup>). After May 19<sup>th</sup> and on race day the registration fee will be \$15.00.

**Family Friendly Cap:**

\$36.00 maximum charge for immediate family members. 3 Shirts Guaranteed. Additional Shirts \$8.00 each.

**5K Age Group Categories:**

12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69  
70+

**5K Awards:** Awards to 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> in each age group with a special trophy to 1st overall Male and Female.

**Registration:** From 8:00 a.m. to 8:45 a.m. on the day of race or pre-register by sending a check and completed registration form to:

**DARE 5K RUN/WALK**  
2191 E. Fort Wayne Street  
Warsaw, IN 46581

*\*Please make checks payable to WPD / DARE 5K*

For more information contact:  
Doug Light at 574-372-9576  
[dlight@warsawpd.org](mailto:dlight@warsawpd.org)

### 1<sup>st</sup> Annual DARE 5K

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt: YOUTH SIZES \_\_\_YS \_\_\_YM \_\_\_YL

ADULT SIZES \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL \_\_\_AXXL (Shirts are guaranteed to all who pre-register)

**Waiver Statement (must 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 City of Warsaw, the Warsaw Police Department, and the DARE Program, all sponsors, and officials from any claims 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: \_\_\_\_\_

Parents Signature (If under 18 years age): \_\_\_\_\_