

Vinton's 5K Run & Walk

Date: Saturday, June 25

Time: 8 am

Registration Deadline: Monday, June 20

Cost: \$15

Age Groups: 13-19, 20-29, 30-39, 40-49, 50 & over,
12 & under is a 1K Fun Run

Course: Starting line and finish lines are located to the east
of Riverside Park on North 9th Ave near the hospital.
Fairly flat course with a few gradual hills set in a residential area.

Late Registration: Same day registration 7-7:45 am at Hummel Shelter in Riverside Park. Must add a
\$3 late fee. All late registrations taken after deadline are not guaranteed a t-shirt.

Make checks payable to VPRD. Mail entry & payment to VPRD, 701 East A Street, Vinton, IA 52349.
Questions please call 319-472-4164.



PIR - 5k Run & Walk 2011

Participant's Name _____ Circle One: Male or Female

Street Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Age on Race Day _____

Circle age division: 13-19 20-29 30-39 40-49 50 & Over

1K Fun Run (12 & under) - Cost is \$5, no t-shirt but medals will be awarded

Circle t-shirt size - S M L XL XXL

1. I/We recognize that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities. 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Vinton for advertisements, training, or other purposes. 3. In the vent of injury or illness, I hereby give my consent for medical treatment and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Signature

Date

Parent Signature if under 18