



# 9 a.m. - Saturday, May 14

## Hosted by: Newton Police Department

**New Race location: Berg Middle School (1900 N 5<sup>th</sup> Ave E)**  
**on the north side by the softball field**

The Richardson Run Memorial 5K is named after Newton Police Officer, Lt. Patrick Richardson, who died on Sept. 1, 2013, after suffering a heart attack while on his morning run. Funds raised from this event will support the expansion of the Newton Law Enforcement museum and memorial located at the Newton Police Department.

Register online at [www.getmeregistered.com/RichardsonMemorial5K](http://www.getmeregistered.com/RichardsonMemorial5K)

**Registration fee until May 1: \$20 including T-shirt**

**Registration fee after May 1: \$25**

\*T-shirts are only guaranteed for those individuals who register by May 1.

Completed registration forms and waivers can be mailed to: Newton Police Association, Attn: Julie Britton, 101 W. 4<sup>th</sup> St S., Newton, IA 50208. Make checks payable to Newton Police Association. Packet pickup begins at 8 a.m. on race day at **Berg Middle School (1900 N 5<sup>th</sup> Ave E), on the north side by the softball field.**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

T-shirt size \_\_\_\_\_ Gender \_\_\_\_\_ Age on race day \_\_\_\_\_

### Waiver

In return for acceptance of my entry fee into the Richardson Run Memorial 5K I, for myself, my executor, heirs, administrators and assigns, hereby release, discharge, and covenant not to sue, and agree to indemnify and hold harmless Newton Police Association, including any and all sponsors associated with the race, their agents, and employees, from all liability and for any and all claims for damages actions, demand, and injuries arising out of my participation in this event whether caused by the negligence of the released parties or a third party. I have full knowledge of all risks involved of whatever nature in participating in the run/walk and state that I am physically and medically fit and sufficiently trained to participate in it.

Please review and sign below.

Your signature will signify your understanding, acceptance and authorization to accept the conditions of this legal document, including the following statements:

- I have read, have understood, and do accept the agreement above.
- I understand that this is a legal document with effects that I approve and authorize.
- The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.
- I am authorized to agree to the terms of this document on behalf of the registrant.
- If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

Participant's signature: \_\_\_\_\_