

Keosauqua Chamber & Friends of Lacey Present Lacey Keosauqua Fall Run & Trail Walk

Sunday, October 15th at 9:00 am
5K, 10K Run and 2 mile non-competitive trail walk

Entry Fees: \$20 pre-registration, \$25 race day registration, \$75 maximum per household family

Registration: Please complete the attached registration form with payment and mail to:
Keosauqua Chamber, PO Box 511 Keosauqua, Iowa 52565.

ALL pre-registration forms must be received by Wednesday, October 11th, 2017.

Race day registration is available at packet pick-up on the day of the race from 8:15-8:45 am.

Location: Lacey-Keosauqua State Park Lodge

Race Time: All events will begin at 9:00 am

Course: Mile markers and water stations will mark each mile

T-shirts: The 1st 60 participants will receive t-shirts.

Age Categories and Awards: Awards will go to the overall male & female winners &
Top two finishers in each age group.

Awards Presentation: 10:45 am You must attend the awards ceremony to receive your award

For more information: please contact Deb Weatherington at loren_deb@hotmail.com



2017 Lacey Keosauqua Fall Run & Trail Walk

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Age _____ Male _____ Female _____

Event Course (Please check one): _____ 5K Run _____ 10K Run _____ Trail Walk

T-shirt Size: _____ Small _____ Medium _____ Large _____ X-Large

No Refunds or Transfers

I, the undersigned, knowingly accept and fully understand the inherent risks associated with the race and event. In consideration of the Friends of Lacey & Keosauqua Chamber, acceptance of my registration to participate in the Lacey Keosauqua Fall 5K, 10K & Trail Walk. I hereby, for myself, my heirs and assigns release, indemnify and agree to hold harmless the Friends of Lacey & Keosauqua Chamber, its directors, officers, employees, agents and participants who may be performing official functions for the run and walk, from any and all actions, claims, demands, administrative proceedings, judgments, or decrees, including attorney's fees, of any kind that may arise out of my participation in this event. I also hereby consent to and authorize emergency medical treatment in case of injury. I understand that any medical costs incurred will be my responsibility. I represent that my physical condition is to the best of my knowledge adequate to allow me to safely participate in this event and no physician has advised me against participating in such an event.

Participant Signature _____ Date _____

Parent Signature (if participant is under 18) _____