

# 2nd Annual Run to Read 5k Road Race

October 3, 2009



Date: Saturday, October 3rd, 2009

Registration: Day of Race- 7:45 a.m. to 8:45 a.m.

Time: 9:00 a.m.

Fee: 5K Runners \$20.00, Bolton Student Runners \$15.00, Walkers \$10.00(\$25.00 max/family walkers)

Location: Bolton High School - 72 Brandy Street, Bolton, CT 06043

Course: The race runs from Bolton High School through the back roads of beautiful Bolton.

Mail entry fee and waiver to: 108 Notch Rd Bolton, CT 06043

Make Checks Payable to: Bolton PTA

\*\*\*\*Walkers are welcome\*\*\*\*

**Awards for the Top 3 in each Division**

(13 & Under) (14 - 18) (19 -29) (30-39) (40-49) (50 -59) (60+)

\*\* Free t-shirts for the first 100 5K runner registrations received by September 18th\*\*

Sponsored by: **Bolton PTA**



**\*All proceeds from the 5K Run to Read Race will be donated to the BHS and BCS library!**

For more information contact Charlie Olbrias: Phone: 860-456-4451 E-mail: [info@thelastmileracing.com](mailto:info@thelastmileracing.com)

On the Web: [www.thelastmileracing.com](http://www.thelastmileracing.com)

Please submit a separate registration form for each participant.

I, \_\_\_\_\_, the undersigned by registering in the Run to Read 5K Race, understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have, against the Town of Bolton, its successors and assigns, employees, agents and representatives, US Track & Field, all sponsors, volunteers and providers of services to the race, the Last Mile race Management, and the WAC for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that the Town of Bolton is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Name: \_\_\_\_\_ Last: \_\_\_\_\_ Age: (On race day) \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Circle one: 5K Walker

Signature: \_\_\_\_\_ (Parent or guardian if under 18) Date: \_\_\_\_\_