



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

September 10, 2016



Course/Location

- ◆ Sibley State Park 3 miles west of New London, MN
- ◆ 10 K Trail Run starts at 8:30 AM, September 12
- ◆ Race day registration and packet pickup at 7:00 AM
- ◆ Water stop, Post Race Refreshments, Age Group Awards
- ◆ Souvenir Long Sleeved Microfiber Race Shirt

Proceeds

- ◆ Donated in Memory of Pat Boros

Sponsors



Registration

Early Bird ends August 21	\$25
August 22 - Race Day	\$30

- ◆ Race shirts & requested sizes guaranteed to Early Bird Registrants
 - ◆ Online registration available at www.kandiyoma.org
- ◆ Race day registration/packet pickup at Sibley park 7:00 AM
 - ◆ State Park day pass included in entry fee
- ◆ More information at www.kandiyoma.org or call 222-9622

Mail bottom of this form by 8/21/15 to:

YMCA
PO Box 757
Willmar, MN 56201
C/O Pat Boros Trail Run

Pat Boros Trail Run Registration

Name: _____

Age on 9/10/16: _____ Male _____ Female _____

T-SHIRT SIZE : Youth L Adult S Adult M

Adult L Adult XL Adult XXL

Phone #: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment: Check Attached

Cash Attached

Debit my YMCA Membership Account

- ◆ Credit Cards accepted for In-house and Online registration
- ◆ Make checks payable to Kandiyohi County Family YMCA
- ◆ We are unable to accept Credit or Debit cards on race day

WAIVER: In consideration of the acceptance of my entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors, and administrators do hereby release any and all sponsors of this race, and their representatives, successors and assigns from any and all liability arising from illness and/or injuries I may suffer as a result of my participation in this race. I attest and verify that I am physically fit and have sufficient training for completion of the completion of the race. I also understand and agree that any sponsor may subsequently use for publicity and/or promotional purposes my name and/or photograph, videotapes, motion pictures and recordings of me participating in this event without obligation of liability to me. I also understand that entry fees are not refundable. I have read the foregoing and certify my agreement by signing below.

Signature _____

ALL PARTICIPANTS MUST SIGN

If you are under 18, please have your parent or guardian sign this waiver

Staff Initials _____