Sweet Heart 5k/10k February 18, 2012

Fruita Community Center
324 N Coulson St., Fruita, Co 81521

5K run/walk & 10K run begin promptly at 10:00 a.m.

SWEET HEART Run 5K/10K & Health Expo
FEBRUARY 18, 2012
FRUITA, COLORADO
PRESENTED BY: CITY OF FRUITA & FAMILY HEALTH WEST

Entry: ***5K:*** $20 (Postmarked after Feb 3: $25)
10K: $25 (Postmarked after Feb. 3- $30)
Sweet Heart Category: You and your Sweet Heart!
(Individual times added together)
5k Sweet Heart: $17/each (Postmarked after Feb. 3: $22/ea)
10k Sweet Heart: $22/each (Postmarked after Feb. 3: $27/ea)

Amenities: Participants will receive **custom Loki running gloves** (guaranteed to first 400 registered participants), goodie bags, aid stations, post-race refreshments, free use of locker rooms, and a chance to win fantastic door prizes!

Packet Pickup: 5-8 p.m. Friday, Feb. 17th **(Highly recommended)** or 7:30-9:30 a.m. Race Day (Both in Community Center)

Registration: Pre-register online, by mail or in person at the Recreation Office. Race day registration: 7:30 a.m.—9:30 a.m.

Awards: Custom **SockGuy arm warmers** for winners! *5k and 10k:* Overall male/female; *Top two male and female finishers in the following categories:* 14 & Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+ ;
Top three couples in 5k/10k sweetheart category.

Post-Race Party: 10:30 a.m.-12:00 p.m. Enjoy refreshments, awards ceremony and prize drawings!

Health Expo: 9:00a.m.-1:00p.m., featuring a variety of vendors promoting health and wellness

Please Complete Entry Form Below – *(One racer per form, unless entering Sweet Heart Category.)* Call 970-858-0360 for more info.

Check one: ___5k ____10k ____Sweetheart 5k (team) ____Sweetheart 10k (team)

Racer #1

Name: _____ Gender: M _____ F _____

Age on race date: _____ Date of Birth: (mm/dd/year): _____ / _____ / _____ Glove Size: (circle one) **SMALL** **MEDIUM** **LARGE**

Address: _____City:_____ State: _____ Zip: _____

Phone: (_____) _____- _____ Email: _____

Racer #2 (For Sweet Heart Category)

Name: _____ Gender: M _____ F _____

Age on race date: _____ Date of Birth: (mm/dd/year): _____ / _____ / _____ Glove Size: (circle one) **SMALL** **MEDIUM** **LARGE**

Address: _____City:_____ State: _____ Zip: _____

Phone: (_____) _____- _____Email: _____

Total Amount Paid: $ _____ (check one) Cash _____ Check ____ **Make Checks Payable to the *City of Fruita***

Waiver Must Be Read and Signed by all parties Before Mailing:

I understand and agree that any bodily injury, death, or loss of personal property and expense as a result of my negligence, or the negligence of the City, are my responsibility. As lawful consideration for being permitted to participate in the Sweet Heart Run/Walk and Health Expo, I release from any legal liability and agree not to sue, file claim against the property of, or prosecute; and to indemnify and hold harmless, the City of Fruita and all it's officers, agents and employees for any and all liability, injury, or death caused by or resulting from my voluntary participation in the activities mentioned above; whether or not such liability injury or death was caused by their negligence, or by my negligence, or any other cause. I authorize and consent to the publication of myself, whether by television, newsprint, written advertisements or otherwise, of any materials contained in my name or picture for participation in any event.

_____ _____
Signature of Participant Date Signature of Parent or Guardian Date
(If participant is under 18 years of age)

_____ _____
Signature of Participant Date Signature of Parent or Guardian Date
(If participant is under 18 years of age)