

Changes Health & Fitness Center

2nd Annual Run/Walk

Sunday, June 27, 2010

10:00 AM

*Wheel Measured

Back Mountain Trail

We want to thank the landowners and Anthracite Scenic Trails Association for making this run/walk event possible. The start and finish of the run/walk is in the parking lot across the street from Changes Health & Fitness Center, Luzerne, PA. The trail is mostly flat with a gradual climb in a few areas.

Registration: 8:30am to 9:30am

Awards: **Special Trophies to the top male and female finishers.**
Medals to the top two in each age group. Age-groups listed on reverse side.

Amenities

- T-shirt to all entrants who register before June 12th
- All miles will be marked
- Give-away prizes
- Post-run cookout

Entry Fee: **A non-refundable fee by Sat., June 12th of \$12**
After June 12th the fee is \$15
Please register early, especially on race day.
Make checks payable to: *Changes Health & Fitness Center*

DETACH AND RETURN WITH ENTRY FEE TO:

Information: (570) 718-0440

Jessica Yamrus
Changes Run/Walk
161 Main St.
Luzerne, PA 18709

Please TYPE or PRINT

(ENTRY FORM MAY BE PHOTOCOPIED)

NAME _____ PHONE () _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____ SEX: M F

AGE as of June 28, 2010 _____ DATE OF BIRTH _____

5K (3.1 MILES) RUN/WALK _____ SHIRT SIZE: S M L X
E-mail _____ this form was posted at NEPARunner.com

In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims which I may have or which may hereafter accrue to me against Changes Health & Fitness Center, the officers, agents, representatives, successors, and/or assigns for any and all injuries suffered while traveling to or from this event or participating in it. I further attest that I consider myself to be in excellent physical health and that I have sufficiently trained for this event.

"If necessary, I hereby authorize the above-named participant to be treated by any qualified, licensed medical personnel."

PARTICIPANT'S SIGNATURE _____ DATE _____
(PARENT'S SIGNATURE if participant is under 18)

Safety:

OUR INSURANCE DOES **NOT** COVER THE WEARING OF HEADPHONES
ALCOHOLIC BEVERAGES ARE **NOT** PERMITTED ON THE TRAIL.
PARTICIPANTS ARE **NOT** PERMITTED TO BE ACCOMPANIED BY ANIMALS.

AGE-GROUP AWARD CATEGORIES:

Male and Female

12 AND UNDER

13-19 YEARS

20-29 YEARS

30-39 YEARS

40-49 YEARS

50 AND OVER