



Event: 5k/10k Walk Run

Description: The Great Foot Race of Downtown Marshalltown

Date & Time: Saturday – September 25th, 2010 – 8:00am

Entry Fees: Pre-Registration \$25.00 Prior to 9/16/10, At the Event \$35.00

Checks Payable to: Oktemberfest

Packet Pickup & Late Registration:

Location: Marshalltown Coliseum

Times: Friday Sept. 25th 4:30-7:30pm & Saturday Sept. 25th 6:30-7:45am

Please visit www.Oktemberfest.com for a map and additional information.

Please mail entry fees and completed entry forms to Oktemberfest, 5k/10k Walk/Run, C/O Doug Beals, PO Box 1616, Marshalltown, IA 50158.

Please do not mail entries after Sept. 16, 2010.
NO REFUNDS

Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Phone: _____ **Event Running In:** 5k 10k

Sex M/F: _____ **Shirt Size M/L/XL XXL(+\$2):** _____

Age on 9/25/10: _____ **Amount Enclosed:** _____

The cost of this event includes a dry wick t-shirt and a spaghetti dinner ticket. If additional tickets are needed they will be available at the dinner on Friday night.

Release of Liability: The undersigned hereby expressly accepts responsibility for participation in the 5K/10K on September 25, 2010. The undersigned acknowledges that the race is voluntary and that I am voluntarily participating. It is further acknowledged that said participation is not on behalf of Marshall County, the City of Marshalltown, their agencies, employees, agents and representatives, sponsors, race official or volunteers. The undersigned hereby releases all liabilities whatsoever, including all claims, demands and caused of action of every nature affecting the undersigned which may have or ever claim to have in connection with the Citizens 5K/10K. The undersigned agrees that the above mentioned parties shall be held harmless in the event of accident or incident causing damage or loss of property or injury to the undersigned. I HAVE READ THE FOREGOING RELEASE, UNDERSTANDING ITS TERMS AND FREELY AND VOLUNTARILY SIGN THE SAME.

Signature of Entrant: _____

Signature of Parent/Guardian if Under 18: _____