



**Event:** 5k/10k Walk Run

**Description:** The Great Foot Race of Downtown Marshalltown

**Date & Time:** Saturday - September 27<sup>th</sup>, 2008 - 8:00am

**Entry Fees:** Pre-Registration \$25.00 (prior to 9/18/08), At the Event \$35.00

**Checks Payable to:** Oktemberfest

**Packet Pickup & Late Registration:**

**Location:** Marshalltown Coliseum

**Times:** Friday Sept. 26 4:30-7:30pm & Saturday Sept. 27<sup>th</sup> 6:30-7:45am

Please visit [www.Oktemberfest.com](http://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. 18th.***  
***NO REFUNDS***

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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Age on 9/27/08:** \_\_\_\_\_ **Amount Enclosed:** \_\_\_\_\_

Release of Liability: The undersigned hereby expressly accepts responsibility for participation in the 5K/10K on September 27, 2008. 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:** \_\_\_\_\_