

BEAT THE HEAT 5K RUN/WALK

Saturday, May 31, 2003

SCHEDULE OF EVENTS: 5K Run/Walk

7:30 A.M.



LOCATION: 5K Run/Walk - Start & finish at Odell Weeks Center

ENTRY FEE: \$9.00 per non-ARC Family. \$7.00 per ARC Family. No increased late entry fee. For \$16, non-ARC members may run and enjoy membership in the Aiken Running Club.

COURSE: The 5K course is certified. The 5K run/walk starts and finishes in front of the Odell Weeks Center. The course is run on Whiskey Road, Boardman Road, Henry Street, Two Notch Road, and Price Avenue, to finish on the walking track. Monitors, mile markers, water, and timers will be provided.

AWARDS: First Overall, Masters, & Grand Masters male and female. Ribbons: AG-Five deep.

AGE GROUPS: 5K - 12 & under, 13-17, 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 & over.

REGISTRATION: Early - Make checks payable to **Aiken Running Club**. Mail to: **Aiken Running Club, P.O. Box 3195, Aiken, SC, 29802**
Late - (After 5/22/03) - Register near start/finish line. Info:(803) 649-9909

LIABILITY WAIVER AND RELEASE

In consideration of acceptance of the entry, I for myself, my heirs, and assigns, hereby release the sponsors, race workers, and officials of this race from any and all liability arising from illness, injuries, and damages I may suffer as a result of participating in such event. I attest that I am physically fit and have sufficiently trained for this event, and am aware that participation in this event could, in some circumstances result in severe physical soreness and injury. I also give permission for free use of my name and picture in any broadcast, telecast, or written account of the event. I understand that the entry fee I pay is NON-REFUNDABLE. Should road race officials determine that completion of this event would be injurious to my health, I consent to be removed from the course and treated by the physician in attendance at their direction.

Signature of Runner/Walker Date Parent/Guardian (if under 18)

First Name Last Name M / F sex (circle) Age Date of Birth

Address City State Zip Code

Day Phone (Area Code) number Night Phone (Area Code) number

Email: _____

