

16th ANNUAL
STAR TRAX
5K NIGHT RUN
SATURDAY, AUGUST 1, 2009 - 9:00 P.M.

SPONSORED BY: THE SALEM X-TRA MILE CLUB, INC.
TO BENEFIT THE SALEM HIGH SCHOOL CROSS COUNTRY AND TRACK PROGRAMS
 (The Salem X-Tra Mile Club, Inc., is not responsible for any lost or stolen items.)

TIME: REGISTRATION AT 7:00 P.M. AT REILLY STADIUM. 5K RUN AT 9:00 P.M.
 NO CHECK-IN BEFORE 7:00 P.M. RACE DAY PLEASE.

LOCATION: RACE STARTS AND FINISHES AT REILLY STADIUM - PERSHING STREET, SALEM, OHIO.
 COURSE RUNS THROUGH CENTENNIAL PARK AND ITS NEIGHBORHOODS.

NON-REFUNDABLE ENTRY FEE: \$12.00 IF RECEIVED BY JULY 29
 \$15.00 FOR LATE REGISTRATION AND EVENING OF RACE
 (T-SHIRT GUARANTEED TO ALL PARTICIPANTS PREREGISTERED BY JULY 29)

90 AWARDS: **5K RUN** - TOP THREE MALE; TOP THREE FEMALE; AND FIRST THREE PLACES IN EACH AGE GROUP.
 NO DUPLICATION OF AWARDS

AGE GROUPS: MALE & FEMALE - **10 & UNDER; 11-14** 15-19; 20-24; 25-29; 30-34; 35-39;
 40-44; 45-49; 50-54; 55-59; **60-64, 65 & OVER**

MAKE CHECKS PAYABLE TO: THE SALEM X-TRA MILE CLUB, INC.
ENTRIES SHOULD BE MAILED TO: P. O. Box 122
 Salem, OH 44460

FOR ADDITIONAL INFO CALL: TED YUHANIAK, RACE DIRECTOR – 330-332-0550

OR E-MAIL: startrax@salemx-tramile.org
OR VISIT OUR WEBSITE: www.salemx-tramile.org



POST RACE PARTY, PRIZES, AND AWARDS FOLLOWING THE FINISH AT REILLY STADIUM

**STAR TRAX 5K NIGHT RUN
 REGISTRATION FORM**

NAME: _____ **MALE:** _____ **FEMALE:** _____ (Check One)

ADDRESS: _____ **AGE DAY OF RACE:** _____

CITY, STATE, ZIP: _____ **T-SHIRT SIZE (Circle One):** S M L XL XXL

PHONE: _____ **DID YOU RACE LAST YEAR?** YES NO (Please circle)

EMAIL: _____ **How did you hear about our race:** _____

RELEASE: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and condition of the road, all such risks being known and appreciated by me. I am aware that the medical support for this event may be volunteers which will be prepared to administer first aid assistance. I hereby grant permission to the sponsors of the Star Trax 5K to use any photograph or any other record of this event for any legitimate purpose. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, do hereby release, indemnify, and discharge all sponsors, service organizations, municipalities, and volunteers, their representatives and successors, from all claims of any kind arising out of my participation in this event.

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT OR GUARDIAN (if under age 18): _____ **DATE:** _____

As parent or guardian of the above runner under age 18, I acknowledge reading the above release and agree to be bound by its terms in all respects, including, but not limited to my agreement to indemnify all sponsors, service organizations, municipalities, volunteers, their representatives, successors, and assigns from any and all claims arising from my child's participation in this event.

(PHOTOCOPIES OF THIS FORM ARE ALSO ACCEPTED PLEASE PRINT CLEARLY