



# 3<sup>rd</sup> Annual Washington Parish 4-H Charity 5K Run/Walk/Jog "To Make The Best Better"



**Date:** Saturday, March 15, 2014

**Time:** 6:30AM-7:50 am: Race Day Registration  
7:50 am: Welcome, Prayer, Presentation of Colors & National Anthem, Keynote Address  
8:15 am: Race begins

**Place:** Washington Parish Fairgrounds, Franklinton, Louisiana

**Course:** 3 Miles; Through the Fairgrounds (Start/Finish at the Stage)

**Awards:** Awards will be given to the top 3 winners for male and female runners and walkers

**Runners:**

Medals will be given to all overall Female and Male winners for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Place

**Walkers:**

Medals will be given to all overall Female and Male winners for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Place

- Medals to the 1<sup>st</sup> 35 to cross the finish line
- 4-H 5K t-shirts will be given on a first come, first serve basis. With pre-registered participants being at the first ones to receive the shirts. (preferred size may not be available after pre-registration date)

**Entry Fees:**

**\$20.00** per participant (Prior to March 1st, 2014) **\$25.00** per participant (after March 1st, 2014)

**Pre-Registration: Begins February 3<sup>rd</sup>, 2014 and ends February 28, 2014**

Entry forms can be picked up at the LSU Ag Center Office at 1104-B Bene St. Franklinton, LA 70438 or on our website: [www.washingtonparish4h5k.webs.com](http://www.washingtonparish4h5k.webs.com). Please mail completed form along with your entry fee (checks made payable to: Washington Parish 4-H) to: 4-H Charity 5K at 1104-B Bene St. Franklinton, LA 70438

**Questions:**

You can contact Co-Coordinator, Beth Blackwell with the LSU Ag Center at 985.839.7855 or Coordinator, Kreig Todd at 985.516.3855 or [kreigtodd@yahoo.com](mailto:kreigtodd@yahoo.com)

***You do not have to be affiliated with 4-H to participate in this event!***

[www.facebook.com/wp4hwalkathon](http://www.facebook.com/wp4hwalkathon)

[www.washingtonparish4h5k.webs.com](http://www.washingtonparish4h5k.webs.com)

[wp4hwalkathon@gmail.com](mailto:wp4hwalkathon@gmail.com)

20% of all proceeds go toward Relay for Life of Washington Parish

*You keep this form*



# 3<sup>rd</sup> Annual Washington Parish 4-H Charity 5K Registration Form

Name: \_\_\_\_\_  
First Last MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Race Preference:** RUN WALK **Gender:** MALE FEMALE

**Age Group:** 0-19 20-29 30-39 40-49 50-59 60+

(If you chose to run, then you may change speeds during the race (walk, run, or jog). If you chose to walk, you can ONLY walk! If you chose to walk and do not complete the race by walking the entire course, you will be subject to disqualification!)

**T-Shirt Size:** AS AM AL XL XXL

Are you affiliated with a 4-H (member, sponsor, volunteer)? YES NO

If so, which club/school? \_\_\_\_\_

### **Liability Waiver:**

I know that running/walking/jogging a road race is a potentially hazardous activity. I should not enter and run/walk/jog unless I am medically able and properly trained. I agree to abide by any decision of the Race Coordinator relative to my ability to safely complete this race. I assume all risks associated with running/walking/jogging in this event including, but not limited to: falls, contact with other participants, and the effects of weather, including heat and humidity, all such risks being known and appreciated by me. 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, waive and release the Local, State, and National 4-H Organization, sponsors, their representatives, the Washington Parish Fair Association, Town of Franklinton, their affiliates, and their successors from all claims or liabilities of any kind arising out of my participation in this event.

**By signing, you agree that the rules, regulations, and possible consequences of participating in this race have been brought forth to you by the race officials, and/or all other parties affiliated with this event. You also agree to release your photo/video/audio recording for legitimate purposes.**

Signature of participant: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of parent/legal guardian if under 18: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*ALL FIELDS ARE REQUIRED\*\*\*\*

### **STAFF USE ONLY**

Participant's #: \_\_\_\_\_ Authorized: \_\_\_\_\_

**Payment Information:**  
Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Change: \_\_\_\_\_ Receipt #: \_\_\_\_\_

*Turn this form in*