

# 3<sup>rd</sup> Annual Running Hog 5K

## Night Run/Walk

### 5K Run/Walk Divisions

Overall Male & Female  
Male & Female by Age Groups

Under 12

12-19

20-29

30-39

40-59

60 & Over

Saturday, June 30, 2018 8:00pm

Pre-Register by Saturday, June 23

Race Day Registration 6:00 - 7:45

Location: Hoosier Links Golf Club, Milan, IN

### Entry Fees

\$20 on Race Day (no T-Shirt)

\$22 Pre-Registered (includes T-Shirt)

\$15 Pre-Registered (no T-shirt)

Includes: Bib with Number, Glow Stick, Bottled Water, Awards, & Door Prizes (must be present to win)

Make checks payable to: Town of Milan

Drop off at Milan Town Hall Clerk's Office or mail  
Joyce Call, 618 N Warpath Dr., Milan, IN 47031



### Local Vendors, Food Specials, and Raffles

### All Proceeds benefit Daren Baker Memorial Park Improvements

Questions? Contact Deb Shumate (513)404-2784 or Cis Call (859)240-3125

FIND AND LIKE US ON FACEBOOK: @MilanMemorialPark

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

Age on Race Day: \_\_\_\_\_

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

Run or Walk (circle one)

City: \_\_\_\_\_ State: \_\_\_\_\_

Male or Female (circle one)

Phone Number: \_\_\_\_\_

T-Shirt Size CHILD S M L

Email: \_\_\_\_\_

ADULT S M L XL XXL

Participant Waiver (Must be signed to participate): In consideration of the acceptance of my entry, I hereby waive, discharge, and release on behalf of my heirs, executors, and assigns, all claims of any nature arising from my participation in the Running Hog 5K and do hereby release the Town of Milan, Daren Baker Memorial Park, Hoosier Links Golf Club, their representatives, employees, race directors, volunteers, all sponsors, and workers from any claim whatsoever arising from my participation in this event. I agree to abide by all rules for participation. I understand the risks involved in such a run/walk and that I am physically fit and have trained adequately in preparation. I also give permission to Running Hog 5K to use any photographs, videos, or other recordings of me and my name, that are made during the course of this event for publicity reasons.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_

Date: \_\_\_\_\_

WILL BE HELD RAIN OR SHINE!

NO PETS PLEASE!