

1st Annual Joseph Arthur Memorial 5K Run/Walk
Sunday, May 18th at 8:30 a.m.

**All proceeds to be used to support the Joseph Arthur
“Positive Behavior Fund”**

- Location:** 160 St. Ellen Mine Rd. O’Fallon, IL 62269 (In O’Fallon off Highway 50 at Aldi’s Grocery store and Culver’s restaurant)
- Course:** The 5K (or approximately 3.1 miles) loop course will run through the St. Helen Mine Park in O’Fallon (adjacent to Joseph Arthur Middle School). The course St. Ellen Mine Rd. and the bike path that runs through the park.
- Cost:** \$20 dollars if postmarked before May 10th. \$25 after May 10th and on race day.
Race Day registration will start at 7:00am and end at 8:15am.
Please make checks payable to Central School.
- Divisions:** Awards will be given to the top 3 male and 3 female finishers overall and the top 3 in the following age groups: 14 & Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 and over.
- Packets:** Packet pick-up from 9a.m.-12p.m. on Saturday May 17th at the front entrance of Joseph Arthur Middle School.
- Parking:** Parking is available at Joseph Arthur Middle School.
- T-Shirts:** All participants will receive a short sleeve T-Shirt.
- Children’s Fun Run:** A ½ mile “Fun Run” for all children wanting to participate will start at 9:45am. Cost: \$15 dollars. (A T-Shirt and medal will be awarded to all participants)

ONE ENTRANT PER REGISTRATION FORM

1st Annual Joseph Arthur Memorial 5K Run/Walk

First Name: _____ Last Name: _____ Circle one: 5K Fun Run

Address: _____

City: _____ State: _____ Zip: _____

Sex: M F Age on 5/18/2008: _____ Phone: (____) _____

T-shirt Size (circle one): S M L XL XXL Youth M Youth L

Please enter Fee Enclosed: \$ _____

(Please make checks payable to Central School)

Waiver of Liability: In consideration of the acceptance of my registration to participate in said program, I agree to indemnify and save harmless Central School Dist. 104, its agents, servants, and employees, from and against any and all damages arising from injuries to persons or damage to property occasioned by any acts or omissions of participant, its agents, servants, or employees, in defense of any claim, action or suit, irrespective of any claim that an act, omission or negligence of the school or its agents, servants, or employees contributed to such injury or damage. I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and I acknowledge that I am physically fit and sufficiently trained to participate in the event. I also waive my right to any photographs that may be taken to publicize school activities.

Signature: _____ Date: _____

(parent or guardian if under 18 years of age)

Please mail to: Central School District #104

Phone: 618-632-6336

**Attn: Gina James
309 Hartman Lane
O’Fallon, IL 62269**