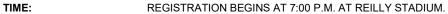
## <u>SATURDAY, AUGUST 4, 2018 - 9:00 P.M.</u>

## 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.)



REGISTRATION WILL CLOSE AT  $\underline{8:45}$  P.M. DAY OF RACE. RACE STARTS AT 9:00 PM

LOCATION: RACE STARTS AND FINISHES AT REILLY STADIUM - PERSHING STREET, SALEM, OHIO #OH07001PR

NON-REFUNDABLE \$17.00 IF RECEIVED BY JULY 27th\*

ENTRY FEE: \$17.00 ONLINE REGISTRATION at www.gopherarun.com

Online Registration Ends On 8/01/2016. Please bring online receipt with you for confirmation.

\$20.00 NIGHT OF RACE.

\*T-SHIRT GUARANTEED TO ALL PARTICIPANTS PREREGISTERED BY JULY 23th

72 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 & 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: Jeff Christopher - (330) 853-8835

John Scheets - (234) 567-1272

OR E-MAIL: info@startrax5k.com WEBSITE: www.startrax5k.com

Chip Timing, Scoring & Online Registration
Provided By: Gopherarun.com

DATE:

Certification

## POST RACE PARTY AND AWARDS FOLLOWING THE FINISH AT REILLY STADIUM

PHOTOCOPIES OF THIS FORM ARE ALSO ACCEPTED \*\*\*\*\*\*\*\* PLEASE PRINT CLEARLY

Roadin 2018 STAR TRAX SK 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:EMAIL:	DID YOU RACE LAST YEAR? YES NO (Please circle
RELEASE: I know that running a road race is a potentially hazardous activity. I should not en of a race official relative to my ability to safely complete the run. I assume all risks associated the effects of weather, traffic, and condition of the road, all such risks being known and appr will be prepared to administer first aid assistance. I hereby grant permission to the sponsors purpose. Having read this waiver and knowing these facts and in consideration of your actindemnify, and discharge all sponsors, service organizations, municipalities, and volunter participation in this event.	with running in this event including, but not limited to: falls, contact with other participants, eciated by me. I am aware that the medical support for this event may be volunteers which of the Star Trax 5K to use any photograph or any other record of this event for any legitimate cepting my entry, I, for myself and anyone entitled to act on my behalf, do hereby release,
SIGNATURE:	DATE:
SIGNATURE OF PARENT OR GUARDIAN (if under age 18):	