



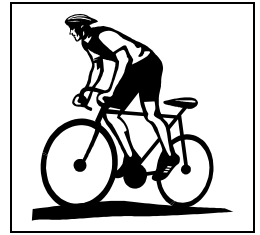
MAYSVILLE RECREATION COMMISSION

1ST Annual

5K Run/Walk

10K Run

17 Mile Bicycle Race



Date: August 1, 2009
Time: 8:00 a.m. (registration starts at 7:00 a.m.)
Location: Former Jockey Property on Clarks Run Rd. (across from the Mason Co. Intermediate School)

Course: --3.1 miles (5K) will take you across Martha Comer Drive and Progress Way
 --6.2 miles (10K) ½ will take you across Martha Comer Drive, Progress Way, and the other ½ across the Mason County Cross Country course (grass track)
 --17 miles (biking) will take you out US 68 to May's Lick and back.

Awards: Trophies to top 2 male and female participants overall, top 2 male and female participants of each division, top 2 male and female walkers, top 2 age 14 and under walkers, and top 2 Big Man participants. All of this applies for the 5K and 10K, and all but the Big Man applies for the 17 mile bike race.

Registration: All pre-registrants will receive a T-shirt (day of registrants will receive a T-shirt as available). The cost of the race is \$15 if you pre-register, and \$20 the day of the event. Make checks payable to Buffalo Trace Balloon Race. Please mail to: Buffalo Trace Balloon Race, Attn: Matt Wallingford, 216 Bridge Street, Maysville, KY 41056 or drop off at Maysville Municipal Building at 216 Bridge Street. All net proceeds will go to the Buffalo Trace Balloon Race.

ENTRY FORM

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____AGE_____GENDER: M___F___

SHIRT SIZE (Circle one) Adult: S M L XL XXL

Circle group that applies to you					
Age	Female	Male	Age	Female	Male
10 to 14	A	B	40 to 44	M	N
15 to 19	C	D	45 to 49	O	P
20 to 24	E	F	50 to 54	Q	R
25 to 29	G	H	55 to 59	S	T
30 to 34	I	J	60 to 64	U	V
35 to 39	K	L	65 to 70+	W	X

DIVISIONS (check one): 5K Run___5K Walk___5K Big Man (225lbs+)___10K___Bike___

In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release & forever discharge the officials, administrators, & all sponsors & individuals assisting in the presentation of the Maysville Recreation Commission 5K, 10K, and 17 Mile Bicycle Race from all claims of damages, demands, & actions whatsoever in any manner or growing out of my participation in this event. I hereby attest & verify that I have full knowledge of the risks involved in this run/walk/ride, that I assume those risks, that I will assume & pay my own medical expenses & emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses, I attest that I am physically fit & sufficiently trained to participate in this run/walk/ride, & that I will run/walk/ride a minimum of 10 miles for the two weeks prior to the run/walk/ride.

PARTICIPANT'S SIGNATURE_____DATE_____

PARENT'S SIGNATURE_____DATE_____

(Parent's signature required for all entrants less than 18 years of age)

In case of medical emergency, contact_____Phone_____

FOR MORE INFORMATION, CALL MATT WALLINGFORD @ 606-564-2504

