



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LACE UP YOUR SHOES

HEALTHY LIVING MaterFest 5K Run/Walk SCOTT COUNTY SQUARE

Lace up your shoes and run in the 4th Annual MaterFest 5K. The Run/Walk will begin and finish at the train depot in Scottsburg, Indiana, participants will run through a 3.1 mile course that goes through Scottsburg. This run/walk will be held in conjunction with the Scott County Visitors Commissions 4th annual MaterFest.

Date & Time

Saturday, July 21st at 8:00 am
Packet pick-up begins at 7:00 am

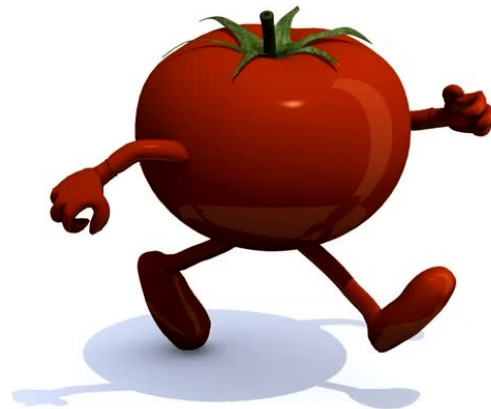
Registration

Register by July 11th
Cost: \$20 includes T-Shirt

Registered after July 13th
Cost \$25, T-Shirts while available

Awards

Will be given to:
Top overall male and female finishers
Age group awards will be given in 10 year increments



SCOTT COUNTY FAMILY YMCA
805 W Community Way Scottsburg, IN 47170
P 812 752 96 22 www.scfy.org
Contact: Tony Stidham tstidham@scfy.org





**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2018 MaterFest 5K Registration Form

Participant's Information:

Name: _____ Age: ____ DOB: __/__/____ Gender: M F

Address: _____ City: _____ Zip: _____

T-Shirt: ____ Yes ____ No

Shirt Size: ____ AS ____ AM ____ AL ____ AXL ____ AXXL

Parent/Guardian Contact Information:

Name: _____

Phone: _____ E-mail: _____

All participants must read and sign. I understand that this road race carries with it the potential for physical injury and property loss. I hereby assume the risks of participating in this running event and certify that I am physically fit, have sufficiently trained for participation, and have not been advised against participation by any qualified health professional. I agree that I have had the opportunity to inspect the race route, facilities, and areas to be used and that if I believe any are unsafe, I will immediately advise the person supervising the event, activity, facility or area. I hereby waive, release and forever discharge the Scott County Family YMCA, event sponsors and any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of, or relate to, my participation in or my traveling to or from this event. I further acknowledge there may be traffic or persons on this course route, and I assume the risk of running in this event. This release of liability expressly extends to any negligence on the part of any of the parties release herein.

Participant Signature _____
Date

Parent/Guardian Signature _____
Date