



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LACE UP YOUR SHOES

## HEALTHY LIVING MaterFest 5K Run/Walk SCOTT COUNTY FAMILY YMCA

Lace up your shoes and run in the 5th Annual MaterFest 5K. The Run/Walk will begin and finish at the Scott County Family YMCA in Scottsburg, Indiana, participants will run through a 3.1 mile course that uses the new Scottsburg walking paths. The run will start and finish in front of the Y.

### Date & Time

Sunday, September 23rd at 4:00pm  
Packet pick-up begins at 3:00pm

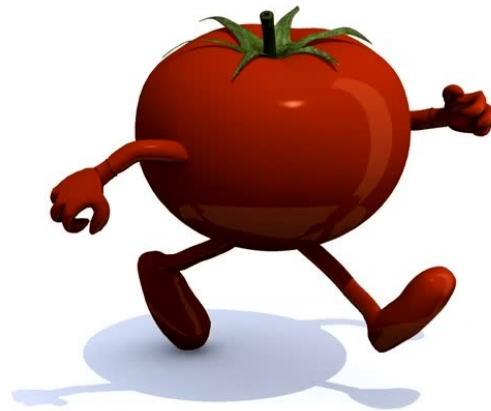
### Registration

Register by September 7th  
Cost: \$20 includes T-Shirt

Registered after September 7th  
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](http://www.scfy.org)  
Contact: Tony Stidham [tstidham@scfy.org](mailto:tstidham@scfy.org)





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## 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