



Chief Logan

*"Catch me
.....if you can"*

5K Run & 2 Mile Competitive Walk

Saturday, August 9, 2008, (Run) 9:00 am & (Walk) 9:15 am

Chief Logan State Park ~ Logan, WV

T-SHIRTS TO ALL REGISTERED Participants
~ Cash Prizes for 5K Run ~
\$100 First Place Male/Female
\$ 75 Second Place Male/Female
\$ 50 First Place Masters Male/Female

5K Age Groups

14 & under 15-19 20-24 25-29 30-34
35-39 40-44 45-49 50-54 55-59
60-64 65-69 70 & Over

Walk Age Groups

9 & under 10-19 20-29 30-39 40-49
50-59 60-69 70 & Over

Entry Form

Name _____
Address _____
City/State/ZIP _____
Phone _____
EMAIL _____
Signature/Date _____

Parent or guardian signature
(Required for minors)

T-shirt size (Circle One)
Small Medium
Large X-Large

Male / Female (Circle One)

Age on day of race* _____

*Winners in each age division will be recognized.

5K Registration is \$12 if postmarked by July 29th, 2008 and \$15 after that.

Walk Registration Fee is \$10.00 (Both registration fees include a T-Shirt and a Logan Co. Arts & Craft Festival Admission Ticket).

**Make checks payable to
Logan Co. Chamber of Commerce.**

Send checks and entry forms to:
Logan Co. Chamber of Commerce
PO Box 218

Logan, WV 25601

**For more information call 304-752-1324,
304-583-716 8 or 304-752-9536.**

The following waiver must be signed or entry will not be accepted.

Waiver:

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Chief Logan Competitive 5K Run/Walk, its organizing committee or its sponsors, the Chief Logan State Park, the City of Logan, the County of Logan, the State of West Virginia, and volunteers of the race, their representatives, successors and assignors, of any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have trained for the competition of this race and my physical condition has been verified by a licensed medical doctor.

Additionally, I agree to release any photographs of myself taken during the race for promotional purposes.

Signature

Date