

April is Child Abuse Prevention Month

4th Annual

RACE AGAINST CHILD ABUSE

10K/5K/1Mile - Run/Walk

Date: Saturday, May 1, 2010

Time: 9:30 a.m.

**Place: Wellsville City Center
30 S Center Street**

**Packet Pick-up and Registration
8:00 a.m. to 9:00 a.m.**

Pre-Registration by April 24th

1 Mile with Shirt \$14; Without Shirt \$10
5K & 10K with Shirt \$20; Without Shirt \$16
Immediate Family Rate \$40 (plus \$4/shirt)

Registration between April 25 — May 1

1 Mile with Shirt \$20; Without Shirt \$15
5K & 10K with Shirt \$25; Without Shirt \$21
Immediate Family Rate \$50 (plus \$4/shirt)

Register in Person or mail to: Child & Family Support Center
380 W 1400 N
Logan UT 84341

Register in Person at: Al's Sporting Goods
1617 N Main
Logan, Utah

Register Online at: www.cachecfsc.org



All race proceeds go to support the Child & Family Support Center in their mission of Strengthening Families and Protecting Children.

Call the Child & Family Support Center at 752-8880



Child & Family Support Center

Strengthening Families and Protecting Children
380 W 1400 N • Logan, Utah 84341

Trophies awarded for best overall male and female racers in each race.

Awards given for top three place finishers in each age division.

Name _____

Circle Sex: Female or Male

Address _____

Circle Race Running: 1 Mile 5K 10K

Phone _____

Age on race day _____

E-Mail Address _____

Adult T-Shirt Sizes: XS S M L XL

I, The undersigned racer, acknowledge, agree and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the Race Against Child Abuse indicated below 2) I understand that there are certain risks and hazards involved in participating in the Race Against Child Abuse that may result in injury or death to me or the other racers, including, but not limited to those hazards associated with weather conditions, the race course and other participants. Further, I, the undersigned racer, agree that in consideration for the right to race in the Race Against Child Abuse that I, 1) Voluntarily elect to accept and assume all risks of injury suffered by me while participating in the Race Against Child Abuse, 2) I release, discharge and agree not to sue the Child and Family Support Center of Cache County, Inc. or the City of Wellsville, or any person or entity connected with the Race Against Child Abuse for any claim, damages, costs or cause of action which I have or may have in the future as a result of injuries or damages, sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Signature _____

Date _____

Signature of parent or guardian if under 18 years of age. _____

Date _____