

# 12<sup>th</sup> Annual



## Olde Tyme Peach Festival 5 K



When:	Saturday Aug 16 <sup>th</sup> , 2008 8 a.m., Rain or Shine. Registration starts at 7 a.m. Kiddie K starts at 7:50 am.
Where:	Everett Meredith Middle School, 504 South Broad Street, Middletown, DE.
Course:	Course is relatively flat, fast, paved, out and back.
Registration:	\$15 until August 11 <sup>th</sup> , \$18 after and on event day. Kiddie K \$6 (kids under 10). Make checks payable and mail to <b>Premier Physical Therapy, 200 Cleaver Farm Rd, Suite 400, Middletown, DE 19709</b> . Contact Pat Williams 302-449-2048 or email: <a href="mailto:patwilliams@premierptsp.com">patwilliams@premierptsp.com</a>
Awards:	Awards for overall male and female winners and top 3 male and female runners in 10 year age groups starting with 10 and under thru 60 and over. 5K walk awards to top 3 male and female finishers.
Amenities:	“Old-Tyme Peach Festival 5K” t-shirts to the first 150 entrants. Post race food and beverage.
Benefits:	Proceeds will be donated to the Middletown High School All Sports Boosters. Race proceeds are used for scholarships for high school athletes that have displayed exemplary sportsmanship.
Finish Line:	Finish Line managed by the Middletown Athletic Club and Downstate Striders.

-----ENTRY FORM-----

**WAIVER AND RELEASE OF LIABILITY:** I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I assume all risks associated with running/walking this event including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, extreme cold, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry to participate in the Olde-Tyme Peach Festival 5K & Kiddie Run/Walk, I, for myself and anyone entitled to act on my behalf, waive and release Premier Physical Therapy and Sports Performance, LLC, the Appoquinimink School District, the Middletown High School Boosters, the Middletown Athletic Club, the Downstate Striders, the City of Middletown, the State of Delaware and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I hereby give my permission to the event organizers and sponsors to use my name and/or picture in any publication, broadcast, telecast or other account of this event without limitation or obligation of further compensation thereof. By signing this waiver and release I certify that I fully understand its significance.

Age Day of Race \_\_\_\_\_ Sex:  M  F T-shirt Size:  S  M  L  XL

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box) City State Zip

Phone: ( ) \_\_\_\_\_ Please Check:  5K Run  5K Walk  1K Kids Run

Signature: \_\_\_\_\_

(Signature of parent or guardian if entrant is under 18)

*We discourage unofficial entrants, strollers, roller blades, bicycles, participating with animals and the wearing of headphones for the safety of all participants.*