

Keosauqua Chamber & Friends of Lacey Present

# Lacey Keosauqua Fall Run & Trail Walk

**Sunday, October 15th at 9:00 am**

5K, 10K Run and 2 mile non-competitive trail walk

**Entry Fees:** \$20 pre-registration, \$25 race day registration, \$75 maximum per household family

**Registration:** Please complete the attached registration form with payment and mail with payment to:  
Keosauqua Chamber, PO Box 511 Keosauqua, Iowa 52565.

ALL pre-registration forms must be received by Wednesday, October 11th, 2017.

Race day registration is available at packet pick-up on the day of the race from 8:15-8:45 am.

**Location:** Lacey-Keosauqua State Park Lodge

**Race Time:** All events will begin at 9:00 am

**Course:** Mile markers and water stations will mark each mile

**T-shirts:** The 1<sup>st</sup> 60 participants will receive t-shirts.

**Age Categories and Awards:** Awards will go to the overall male & female winners & top two finishers in each age group.

**Awards Presentation:** 10:45 am You must attend the awards ceremony to receive your award

**For more information; please contact Deb Weatherington at  
loren\_deb@hotmail.com or work # 319-293-3794**

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2017 Lacey Keosauqua Fall Run & Trail Walk

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Event Course (Please check one):** \_\_\_\_\_ 5K Run \_\_\_\_\_ 10K Run \_\_\_\_\_ Trail Walk

**T-shirt Size:** \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large

**No Refunds or Transfers**

I, the undersigned, knowingly accept and fully understand the inherent risks associated with the race and event. In consideration of the Friends of Lacey & Keosauqua Chamber, acceptance of my registration to participate in the Lacey Keosauqua Fall 5K, 10K & Trail Walk. I hereby, for myself, my heirs and assigns release, indemnify and agree to hold harmless the Friends of Lacey & Keosauqua Chamber, its directors, officers, employees, agents and participants who may be performing official functions for the run and walk, from any and all actions, claims, demands, administrative proceedings, judgments, or decrees, including attorney's fees, of any kind that may arise out of my participation in this event. I also hereby consent to and authorize emergency medical treatment in case of injury. I understand that any medical costs incurred will be my responsibility. I represent that my physical condition is to the best of my knowledge adequate to allow me to safely participate in this event and no physician has advised me against participating in such an event.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (if participant is under 18)** \_\_\_\_\_