

# St. Patrick's Day Dash

5K Run/Walk

10K Run

Saturday, March 21

In case of severe weather we will reschedule  
for Saturday, March 28  
Cancellation Line Call 687-0000

7:15 a.m. – 7:45 a.m.

Check-in and registrations at

**Charley's**

8 a.m.

Race begins in Malco Theatre's  
parking lot

9:30 a.m.

Complimentary breakfast, awards  
ceremony, and door prizes

## Registration fee

(See registration form on back)

\$15 per person on or before March 13

\$20 per person after March 13

(includes t-shirt and complimentary  
breakfast)



## AWARDS

### 5K & 10K RUN

Male & female winners:

Age Divisions

Overall

Overall Masters (40 & over)

Grand Masters (50 & Over)



For more information contact the  
Owensboro Parks and Recreation  
Department at 687-8700.

Visit our website at:

[www.owensboroparks.org](http://www.owensboroparks.org)

Race sponsored



# St. Patrick's Day Dash 2009 Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

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

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Sex: Male Female      Shirt Size: S M L XL 2XL  
(circle one)                      (circle one)

Early Bird Fee (on or before March 13):      \$15.00  
After March 13                      :      \$20.00

**Please make checks payable to City of Owensboro or pay with credit card.**

This Section must be filled out if you are using VISA or MASTERCARD

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Account Number

Cardholder Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount of Charge \_\_\_\_\_

Authorized Signature/Approval # \_\_\_\_\_

Statement of Release: I/We agree to indemnify and hold harmless the City of Owensboro, it's official's and employees, from and against any and all claims, suits, actions, damages and/or causes of action, brought by any person, or other entity, arising out of participation in this activity, for any personal injury, loss of life and/or property damage or loss, and from all cost, expenses and liability incurred, or order or judgment entered, as a result of any such claim, the investigation thereof or the defense of any action, including attorney's fees. I also give permission for treatment of any injury and/or illness in the event of an emergency and I am unable to give consent. A copy of this authorization shall be as effective as the original.

Participant signature (Parent/Guardian if participant is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_



**Return this form with fee to:**

Owensboro Parks and Recreation  
c/o St. Patrick's Day Dash  
1530 McJohnson Ave.  
Owensboro, KY 42303