



STARCHASER

5K RUN and Virgil Miller

Memorial WALK

Chase the stars on Crawford County

High School's

Cross County Course

where the Local

Sectional and Regional

Cross Country Races are held

Become a major sponsor for \$100

which includes:

- 2 Race Entries
- 2 T-shirts
- 2 Chances for Door Prizes
- Name on back of T-shirts
Must receive graphics before 7/27/16
- Name on Race Packet Flyers

This event is put on by the Friends of Crawford County Cross Country Program.. It is ran on the last week-end that is allowed by IHSAA rules. So high school runners are allowed to participate in the event.

Plaques will be awarded to:

- 1st Female and Male finishers in the 5K Race
- 1st Female and Male finishers in the 2.5K Walk
- 1st Female and Male Master Age 40+
- 1st Boy and Girl in the 2.5K Age 10 and under Race

Trophies will be awarded to:

1st, 2nd & 3rd place finishers in each age category below:

5-10	11-14	15-19	20-24	25-29	30-34
35-39	40-44	45-49	50-54	55-59	60+

Contact information:

Email: derricksimpson42@gmail.com

Derrick Simpson 812-987-5191

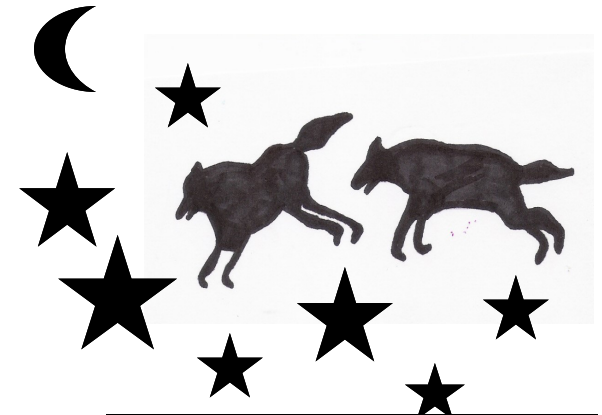
**Friends of
CRAWFORD COUNTY HIGH
SCHOOL**

**14th Annual
STARCHASER**

5K RUN and Virgil Miller

Memorial WALK

1130 South State Road 66— Marengo IN 47140



August 13, 2016

Walk/ under 10 run begins at 7:30 P.M.

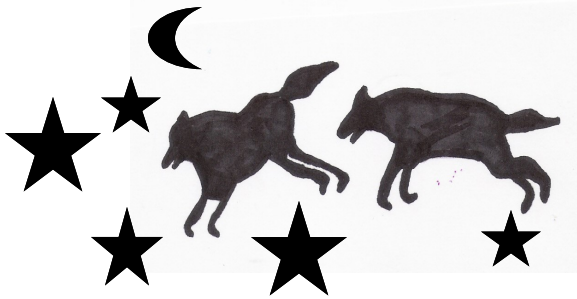
5k Run will follow the Walk and

Under 10 run

Telephone (812) 365-2125

STARCHASER

5K RUN/ Virgil
Miller Memorial WALK



Directions:

Interstate 64 to Exit 92 Leavenworth/Marengo

Go 5 miles North toward Marengo on State Road 66, Crawford County High School is on the right across from the 4H Park

Registration:

Pre-registration is before 7/27/16

Race Day Registration and packet pickup

begins at 6:00pm by the school baseball and softball fields. 2.5K Walk and 2.5K Kid's Run begins at 7:30pm



Registration and Waiver

Pre-registration is before 7/27/16

- | | | |
|---|-----------|----------------------|
| <input type="checkbox"/> Pre-registration 5K Run | \$20 | <input type="text"/> |
| <input type="checkbox"/> Pre-registration 2.5K Walk | \$10 | <input type="text"/> |
| <input type="checkbox"/> Pre-registration 2.5K U10 | \$10 | <input type="text"/> |
| <input type="checkbox"/> Race Day 5K Run | \$25 | <input type="text"/> |
| <input type="checkbox"/> Race Day 2.5 K Walk | \$15 | <input type="text"/> |
| <input type="checkbox"/> Race Day 2.5K U10 Run | \$15 | <input type="text"/> |
| <input type="checkbox"/> Size XL or 2XL Shirt | \$2 extra | <input type="text"/> |
| <i>XL or 2XL available only if pre-registered</i> | | <input type="text"/> |
| <input type="checkbox"/> Major Sponsor | \$100 | <input type="text"/> |

Send graphics before 7/27/16

Total _____

Name _____

Address _____

Phone _____

Age/Gender _____

Shirts are guaranteed if you are pre-registered

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult XL (\$2 extra) |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult 2XL (\$2 extra) |

Mail Registration , Waiver & Payment to:
CRAWFORD COUNTY HIGH SCHOOL

Memo: Friends of Crawford County

1130 State Road 66

Marengo, IN 47140

Contact information:

Email: derricksimpson42@gmail.com

Derrick Simpson 812-987-5191



This waiver must be completed and signed prior to participation in this event.

Waiver / Release: I am aware that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to: falls, contact with participants, the effects of the weather; including high heat and /or humidity, and the conditions of 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, I, for myself and anyone entitled to act on my behalf, waive and release Crawford County High School, the State of Indiana, the Crawford County School System and Board of Education, the Race Directors, 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 understand that animals and headsets are not allowed in the race and I will abide by this guideline.

Participant's Name _____

Signature _____

Date _____

Participants under 18 years of age must have this Agreement signed by their custodial parent or guardian. I certify that I am the custodial parent or guardian of the above named participant, and I agree to the terms of the waiver /release.

Name of Custodial Parent or Guardian _____

Signature of Custodial Parent or Guardian _____

Date _____