



LIFE : HEALING : PEACE

Lake of the Woods Races 2009

Races begin at 9:30 a.m., Saturday, June 6

Distances — Two races for adults: 15 kilometers (9.3 miles) and a 2-mile run/walk. **New this year! Children's Dash:** Half-mile (fourth-mile out-and-back) event. **See separate entry form for details.** The events will start and end at the Lake of the Woods Resort just off Highway 140 about 35 miles west of Klamath Falls.

The course — Runners in the 15K will make a circuit around the lake on paved highways. The 2-mile event is an out-and-back course, also on paved roads. Times will be kept for both adult races courtesy the Linkville Lopers running club. The 15K course has three aid stations.

Fees, deadlines — The entry fee is \$15 per person, or \$22 each with a T-shirt. The deadline to enter at this fee is May 27. Add \$2 for late registrations, which will be taken until 9 a.m. Saturday, June 6, with T-shirts on race day available while supplies last.

Entry packets — Race number, instructions, maps and T-shirts will be available at the race-registration tent beginning at 8 a.m. Saturday, June 6.

Awards — The fastest man and woman in the 15K race will receive prizes: \$100 certificates for running shoes. Age division winners for both distances will receive ribbons.

Questions? Call 541.882.6311, ext. 4768 E-mail: SPalcovich@skylakes.org

Sky Lakes Medical Center's Lake of the Woods Races 2009 Entry

Name _____

Address _____

City _____ State _____ Zip _____

Telephone with Area Code (_____) - _____ - _____ Race distance (circle one) 15K 2 mi.

Age _____ Sex _____ T-shirt size (circle one) S M L XL Amount enclosed \$ _____

\$15 per person, or \$22 each with a T-shirt. Entries after May 27, add \$2 each.

Mandatory release: In consideration of this entry, I, for myself and my heirs, administrators and assigns, forever waive, release and discharge all rights, demands and causes of suit or action, known or unknown, that I may have against any and all participating sponsors, supporters and directors, officers, employees and agencies of such parties for any and all injuries and damages in any manner arising or resulting from my participation in the Lake of the Woods Run, including negligence. I attest and verify that I have full knowledge of the risks involved in this event, that I assume those risks and my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses, and that I am physically fit and sufficiently trained to participate in this event. I grant permission to any and all of the foregoing to use my likeness in connection with this event. I have read the entry information provided for the event and certify my compliance by my signature. I certify that all information provided on this form is true and complete.

Signature _____ Date _____

Mail to: Sky Lakes Medical Center, 2865 Daggett Ave., Klamath Falls, OR 97601, Attn: Lake of the Woods Run

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