



**DATE: Saturday, October 23, 2010**

**Time:** 5K Run, 9:00 am; 1 mile Run Run/Walk, 8:30am Kid's Run – (after 5K)

**Course:** The 5K course is a USATF certified and the event is sanctioned. Start and finish lines are at Logan Medical Center, Guthrie, located on Highway 33 West on Academy Road.

**Entry Fee:** \$25 5K Run (includes t-shirt)  
\$10 One-Mile Fun Run/Walk  
FREE – children under 12 years (no shirt)  
\$30 All Race Day Entries

**Registration:** Please send by mail through October 18 to LMC Loganpalooza, P. O. Box 1017, Guthrie, OK 73044 or get a form on [www. LoganMedicalCenter.com](http://www.LoganMedicalCenter.com).

**Packet Pickup:** October 22, 2011 beginning at 7:30am at the main entrance to the hospital.

**Awards:** Cash prizes to overall male and female winner. Awards to first three finishers in each group. All children (under 12) will receive a ribbon.

**Activities: All proceeds benefit the LMC Foundation's efforts to bring breast cancer awareness to our community.**

Help LMC celebrate our 33<sup>nd</sup> anniversary. There will be music, food, clowns, a moon bounce, Guthrie Fire Department, and Air-Evac helicopter. Something for the whole family!

**Race Coordinator:** DG Productions. Championship timed event.

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Name \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Sex M/F

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

Phone Contact information \_\_\_\_\_ email \_\_\_\_\_

Shirt size S M L XL 2X Amount Enclosed \_\_\_\_\_ Are you a member of a running club? Yes No

**Sign the Waiver**

I understand that an event such as a 5K run is a potentially dangerous activity. I should not participate unless I am medically able and properly trained. I assume any and all risks associated with participating in this event, include, but not limited to temperature, conditions or athlete's equipment, vehicular traffic, contact with other participants, action of volunteers, spectators, and procedures of the event and lack of hydration, all such risks being know and appreciated by me. Knowing these facts, and in consideration of your accepting my fees, I hereby for myself or anyone else who might claim on my behalf consent not to sue, and waive and release every kind of nature whatsoever, foreseen or unforeseen, known and unknown. The undersigned further grants full permission to Logan Medical Center to use photographs, videotapes, recording or other records of this event for any purpose. **APPLICATIONS FOR MINORS WILL BE ACCEPTED ONLY WITH PARENT'S SIGNATURE.** I agree no wheels, (except competitive wheelchairs), animals, carrying kids, or number switching.

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