

CECIL COLLEGE

5K ELK RUN/WALK
All proceeds benefit the Youth Scholarship program.



ALLIANCE DAY • ELKTON, MARYLAND

Cecil College
Presents the Fifth Annual
5K ELK RUN/WALK

All proceeds benefit the Youth Scholarship Fund at Cecil College.

Free t-shirt to the first 200 registered participants.
Prizes will be awarded to runners in top 3 overall,
top 2 Masters and male/female age groups.

Date: Saturday, September 19, 2009

Fee: \$15 for 5K Run or Walk until Sept.15; Sept. 16 through event day registration is \$20 (after 9/15 please register in person or by fax)

Race Time: 8 a.m.; Event day sign-in & registration 7-7:45AM

Registration: Now through 9/15/09 to: Cecil College
ATTN: Sharon Mills
107 Railroad Avenue, Elkton, MD 21921.
Event Day Registration: 7 a.m.

Location: The race will start and finish at Cecil College's Elkton Station located at 107 Railroad Avenue, Elkton, MD 21921.

Call for more information: 410-392-3366 x 610, ask for Sharon Mills

Please return this portion with check payable to: **Cecil College Foundation**, 107 Railroad Avenue, Elkton, MD 21921, or fax to 410-398-4429. One registration per participant; children ages 5 and younger are free.

T-shirts: Adult Sizes: sm med large xl xxl **RUNNER** **WALKER**

Name: _____ Gender _____

Address: _____ Age: _____

City, State, Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Amount Paid: _____ Date Paid: _____ Method of Payment: _____

VISA M/C DISC #: _____ Exp Date: _____ Card Holder: _____

Credit card payments will incur a \$5 processing fee, checks and cash will not.

Waiver and release of liability: I hereby release Cecil College its Trustees, officers, agents, employees, successors, and assigns from any and all liability, not caused by negligence of Cecil College or its representatives, arising out of or in any way related to my participation in the Cecil College 5K Elk Run/Walk for Youth taking place on September 19, 2009 in Elkton, Maryland. I authorize Cecil College through its employees or agents to summon emergency medical care or to take me to the nearest medical facility for purposes of receiving medical care with the understanding that I will not hold Cecil College, or its employees, agents or representatives responsible for the actions of the agents, representatives or employees of the medical facility and that I will assume any and all responsibility for payment of same.

Signature (Parent or guardian if under 18) _____ Date: _____

I am supporting the Cecil College Youth Scholarship fund with my donation of _____, but I will not be participating in the 5K Event.