



# CARING CONNECTIONS' FOURTH ANNUAL FULL MOON 5K RUN/WALK

## 8:00PM FRIDAY, MAY 13th 2016 IN CHARLES CITY, IA

### ENTRY FEE: \$25.00

Includes: 5K Registration, Event Timers, Dri-fit Tshirt, Glow Gear, Swag Bag, and Refreshments!

*No refunds. Tshirts in selected size only guaranteed to registrations received by 4:00pm April 27th.*

We will not mail shirts. Make checks payable to Caring Connections. All race proceeds directly benefit the Caring Connections-Mentor a Child Program.

### DAY-OF-RACE SCHEDULE:

6-7:30PM: Register & Packet Pickup  
8:00PM: 5K Run/Walk Begins

Refreshments At The Finish Line!

### HOW TO REGISTER:

**Mail Registration Forms & Payment to:**  
Caring Connections  
c/o Charles City Schools  
500 N. Grand Avenue  
Charles City, IA 50616

**Drop off Registration & Payment at:**  
Caring Connections  
Floyd County Courthouse-Ground Floor  
101 S. Main Street  
Charles City, IA 50616

**Register and Pay Online with credit or debit card at:** [www.active.com](http://www.active.com)

### RACE START / FINISH:

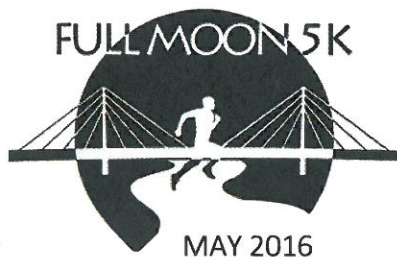
Race Begins and ends at  
Wildwood Park & Golf Course  
1 Wildwood Avenue  
Charles City, IA. 50616  
View route map at  
<http://caringconnections-mac.yolasite.com>

*\*In case of severe inclement weather, Postponement announcements will be made via 95.9 KCHA Radio and the Caring Connections-Mentor a Child Facebook Page.*

### PACKET PICKUP:

Wednesday, May 11th  
2:00pm-6:00pm  
Floyd County Courthouse

Friday, May 13th (Day of Race)  
6:00pm-7:30pm  
Wildwood Park & Golf Course



***Support Caring Connections—Mentor a Child supporting YOUTH!***

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GENDER: M F BIRTHDATE: \_\_\_\_\_

SHIRT TYPE: UNISEX WOMENS YOUTH SHIRT SIZE: S M L XL 2X (XL & 2X n/a for youth)  
(circle one) (circle one)

WAIVER: In consideration of your acceptance of this entry I hereby or myself, my heirs, executors, assigns and administrators, waive and release any and all rights and claims for any injury I may have or that may hereafter accrue to me against Caring Connections-Mentor A Child, the Charles City Schools District, their officers, employees, and any event volunteer for injuries or damages incurred by me attributable to my participation in this event. I attest that I have full knowledge of the risks involved including the race course being open to traffic and that I am physically fit and sufficiently trained to participate in this event. I am aware that this event may be extremely difficult and hazardous even for a well-trained athlete under the most favorable conditions. I also agree NOT to bring a pet, use roller blades, a push stroller, ride a scooter or a bike and that no exceptions to this rule will be made.

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (for participants under 18): \_\_\_\_\_