

Lone Tree Community
Wellness Center
Presents
The 5K(ookie) Fun Run

Because *everyone* will run for a cookie!

Date: Saturday, August 21st, 2021

Schedule: 5K Run/Walk 7:30 AM

1-Mile Fun Run 8:30 AM

½ mile Kid's Kookie Krumble Fun Run (ages 8 and under) 8:30 AM

Check In: Race-day registration 6:30 am – 7:15 AM at the North Park (tank park)
Registration ends at 7:15 AM.

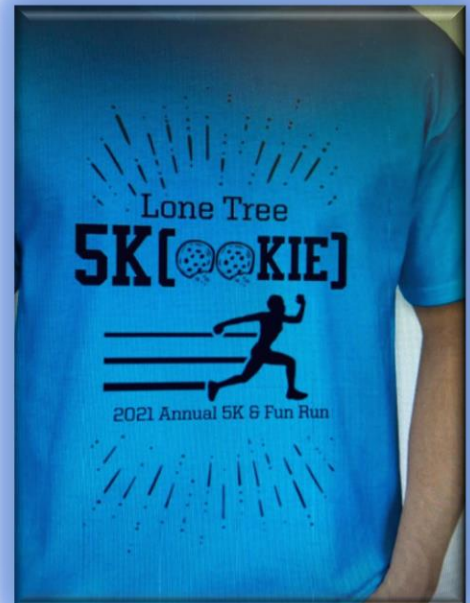
Individual Awards: Awards will go to the top finishers in each age category and overall winner for men and women in the 5K Fun Run; 19 & under, 20-29, 30-39, 40-49, 50-50, 60 & over. Awards will also be given to the overall male and female winner in the 1-Mile Run; 9 & under, 10-15 and 16 & over.

All awards will be presented after the 1-Mile Run.

Please mail Entry Form & Fee to:

Carmen Donovan
Lone Tree Wellness Center
PO 520
Lone Tree, IA 52755

Questions? Call Carmen at 319-629-4212.



REGISTRATION

ONE NAME PER REGISTRATION FORM – ENTRY FORM MAY BE COPIED – PLEASE PRINT

Entry Fee \$20

Lone Tree Fun Run Entry Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Age: _____ Male or Female (circle one)

Event:

5K run

5K walk

1-Mile Fun Run

½ mile Kid's Kookie Krumble

T-shirt size (circle one) **REGISTRATION MUST BE RECEIVED BY AUG 6TH TO RECEIVE A T-SHIRT**

Adult: S M L XL 2XL 3XL

Youth Size: S M L

2021 Lone Tree 5K(ookie) Fun Run Waiver

I recognize the risk involved in any athletic event and hereby waive, release and hold harmless the City of Lone Tree and the Lone Tree Community Schools and The Lone Tree Community Wellness Center and its members, all race directors, contributors and volunteers from any and all liability, claims and rights for damages from injuries growing out of, related to or arising from participating in the Lone Tree fall festival 5K Fun Run/Walk, 1-mile Fun Run or the Kid's Kookie Krumble Fun Run. I further hereby certify that I have full knowledge of the risks involved in this event and that I am physically fit to participate. If, however, I do require medical attention as a result of my participation in the above-mentioned activities, I authorize the medical personnel associated with said events to provide such medical care as is deemed appropriate by such medical personnel.

Signature

Parent Signature (participants under 18)

Date

Parent Printed Name & Phone Number