



Cedar Valley Trails Festival

2nd Annual 5k Run/Walk

August 14th @ 7:00 AM • Gateway Park Shelter

(Lincoln and Main Streets, in downtown Cedar Falls)

AGE GROUPS: 14 & under 15-19 20-29 30-39 40-49 50-59 60 & over

Events Happening During The Festival.

- | | |
|-----------------------|------------------------|
| Senior Cruise | Cedar Valley Trails 5k |
| Opening Ceremony | Night Ride |
| Dog Walk | Tour De Valley |
| Bicycle Safety Rodeo | Hartman Eco-Triathlon |
| Bridge To Bridge Ride | Poker Ride |



For More Information
(319) 233-8350 • (319) 268-4266
800-845-1955
WWW.CEDARTRAILSPARTNERSHIP.ORG

The Cedar Falls/ Waterloo area is a well-known destination for bicycling with 106 miles of hard surfaced trails.

The trails are always open and free to enjoy! Join us as we celebrate this great resource! Next years' festival dates are August 12-14, 2011

Official Cedar Valley Trails Festival 5K Run/Walk Entry Form

Name _____

Address _____ **RUNNER WALKER**

PLEASE CIRCLE

City _____ State _____ Zip _____

Phone _____ E-mail _____

Age on race day _____ Gender: **M F** T-Shirt size:* **XS S M L XL XXL**

PLEASE CIRCLE ONE

ENTRY FEES:

	By 7/25/10	After 8/10/10*	Race Day
5K	\$15	\$18	\$20
NO T-Shirt, subtract		- \$ 4	
Total Enclosed:		\$ _____	

Race day registration starts at 5:30 AM and ends at 6:45 AM.

No shirt guarantee after July 29.

*(do not mail after Aug. 10th)

***NO T-SHIRT GUARANTEE ON RACE DAY REGISTRATIONS.**
Release and Waiver—In consideration of your acceptance of my entry, I hereby waive and release of myself, heirs, executor or anyone who might claim on my behalf, covenant not to sue the event directors, event officials or volunteers from all claims or liability for death, personal injury or personal damage of any kind arising out of or on the course of, my participation in this event. I hereby state that I have full knowledge of the risks involved, foreseen or unforeseen, known or unknown and have conditioned myself to run or walk and lift in this event. I also grant full permission to the event directors and/or agents authorized by them, to have free use of my name and picture in any broadcast, telecast, videotape, print media or any other record of this event for any purpose.

Signature (Guardian if under age 18) _____ Date _____

Please make checks payable and mail this form to: Cedar Trails Partnership, 6510 Hudson Road, Cedar Falls, IA 50613