

# Awards & Divisions

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## 5K Run Division — 10a.m.

15 & under · 16-17 · 18-19 · 20-24  
25-29 · 30-34 · 35-39 · 40-44 · 45-49  
50-54 · 55-59 · 60-64 · 65+

Prizes awarded to top three finishers  
in each run category as well as top three best  
costumes.

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## Kids Dash Division—10:45 a.m. 5 & Under · 6-8 · 9-11 · 12-14

All Kids Dash participants will receive a  
medal and a Halloween Prize Pack.

## POST RACE PARTY

*Enjoy Food, Drink & Prizes*

*Silent Auction*

*Great Kid's Activities*

*Music and Fun for Everyone!*

See Bob Run 5K  
8700 N. Kentucky Ave.  
Evansville, IN 47725



## 5K Costume Run/Walk

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**A Day of Family Fun with  
a Kids Dash and silent  
auction!**

Saturday  
October 29, 2011  
10:00 AM

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Bob's Gym North  
8700 N. Kentucky Ave.  
Evansville, IN 47725

All proceeds to benefit  
**Evansville Boys & Girls Club**

See Bob Run is Sponsored by:



For more information, contact  
**Lexie Jones**  
 (812) 402-4775  
 lexiejones@bobsgym.com

**Packet Pick-up:**

Bob's Gym North  
 Friday: 5:00pm - 8:00pm  
 Saturday : 8:00am - 9:45am

**Race Starts:**

Saturday, Oct. 29, 2011  
 5K Race - 10:00am  
 Kids Dash - 10:45 am

See Bob Run 5K Race & Family Fitness Day Entry Form



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Team Name: \_\_\_\_\_

Sign up for:	Pre-register	Late Register
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> 5K Run/Walk	\$18 x _____	\$25 x _____
<input type="checkbox"/> Kid's Dash	FREE	FREE
T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL		Total: _____

Please Select Your Payment Method

Check (made payable to Bob's Gym)  Visa \_\_\_\_\_  
 MasterCard \_\_\_\_\_  
 Bill my Bob's Gym account \_\_\_\_\_  American Express \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

**For Pre-register price entries & payment (nonrefundable) must be received by 10/17/2011. Mail, fax or drop off entries to:**

Lexie Jones 5K Race & Family Fitness Day 8700 North Kentucky Ave. Evansville, IN 47725	Phone: (812) 402-4775 Fax: (812) 402-7629
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**WAIVER:** I know that running or walking a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running into traffic. I also assume any and all other risks associated with running in this event including but not limited to falls, contact with other participants, and effects of the weather and the condition of the roads, all such risks being known and appreciated by me knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrator or any one who might claim in my behalf, covenant not to sue, and waiver release and discharge all sponsors, the State of Indiana, City of Evansville, Vanderburgh County, and race official and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, for reasons foreseen or unforeseen known to unknown. The undersigned waiver grants full permissions to all sponsors and/or agents by them to use my photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Application for minors will be accepted only with parent's signature.

PARTICIPANT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE  
 IF PARTICIPANT IS UNDER 18 \_\_\_\_\_

