

THE STAMPEDE

5K Fun Run & Walk • Saturday June 13th • 8:00 am Start

Hosted by: The Las Animas Emergency Medical Services Coalition



- What:** A Fun Run to Kick Off the Santa Fe Trails Festival. Portions of the Proceeds go to the **Las Animas Emergency Medical Services Coalition**
- Where:** The Race Starts and Ends At the Holy Trinity Football Field in Trinidad, CO
- Time:** Race Starts at 8:00 am. Day-Of Registration Begins at 7:00 am.
- When:** Saturday June 13th 2009
- Cost:** Registration Costs & Deadlines
- \$20 Early Registration (Must Be Received by June 12th)
 - \$25 Day-Of Registration (Saturday June 13th)
- Register:** Mail Form & Payment To: **Chamber of Commerce 136 Main Street, Trinidad CO 81082**
- Prizes:** 1st Place Overall Prize: \$100 (Female & Male)
2nd Place Overall Prize: \$75 (Female & Male)
3rd Place Overall Prize: \$50 (Female & Male)
- Questions?** Go to www.trinidadchamber.com

Mail This Form AND Money to: Chamber of Commerce 136 Main Street, Trinidad CO 81082

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Sex: Male Female **Age On Race Day:** _____

Waiver Statement

In consideration of the forgoing, I for myself, my heirs and personal representatives, waive and release any and all rights and claims for damages I have against Las Animas County EMS Coalition, Trinidad Ambulance District, the City of Trinidad, the Chamber of Commerce, Santa Fe Trails Festival Committee, all sponsors and their representatives and any and all claims of damages, demands, actions whatsoever in any manner, as a result in my participating in said race. I attest that I am physically fit and have sufficient training for the completion of this event. I understand that my entry fee is non-refundable and bib numbers are non-transferable. I further understand that I will run or walk on the racecourse as it is laid out and I will be eliminated from competition if I am not on the prescribed course.

Signature of Participant: _____ **Date:** _____

Signature of Guardian (18 and under): _____ **Date:** _____