

5K RUN / 1 MILE WALK

**PROCEEDS BENEFIT
LAS ANIMAS COUNTY
EMERGENCY MEDICAL SERVICES
COALITION SCHOLARSHIP FUND**

DATE MAY 15, 2010

RACE STARTS AT

8:30 A.M.

PRE-REGISTER BY 04-15-2010

**ENTRY FEE \$ 25.00
PRE-REGISTRY OR RACE DAY**

Race starts and ends at
Cimino Park in Trinidad, Co.
(Convent and Modica Drive
next to International Bank)

All day family fun with a bicycle Rodeo for kids,
dunk tank (weather permitting)

Drive Smart Colorado, Mt San Rafael Hospital,
Cancer Alliance, Tug-O-War competition, Food
Vendors, Las Animas County Search & Rescue,
Plus much, much more!

PRIZES

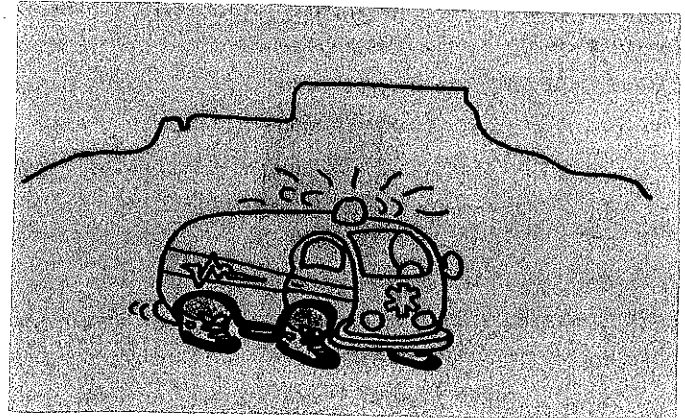
1st place \$100.00

2nd place \$75.00

3rd place \$50.00

Prize money for runners
only. (Male & Female)

T-Shirts guaranteed to
first 50 participants.



Packet pick-up Friday, May 14, 2010

8:00 AM to 5:00 PM at the Trinidad
Ambulance District Offices located at
2309 E Main Street Suite A

(Garcia Justice Center) Race day pick-up

Available at Cimino Park at 7:00 AM

Award ceremony to follow upon
completion of the race.

Food and concessions provided by the

Hoehne High School Football Team

Info: 719-680-1791 or 719-680-9976

For more info go to trinidadchamber.com

Mail form and entry fee to:

2309 E. Main Street, Suite A
P.O. Box 132
Trinidad, CO 81082
Phone: 719-846-6886

Please make checks payable to
Las Animas County EMS
Coalition

Name _____

Address _____

Phone _____

T-shirt Size: S M L XL

Sex _____ Age on race day _____

Waiver statement

In consideration of the foregoing, 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, all sponsors and their representatives and any and all claims of damages, demands, actions whatsoever in any manner, as a result of 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 on the race course as it is laid out and I will be eliminated from competition if I am not on the prescribed course. I am not on the prescribed race course.

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____