

HOLIDAY RUN

What: 5K Cross Country

Where: Pioneers Park Cross Country course

When: Sunday, December 5, 2010, at 10:00 a.m. 4

Entry Fee: \$10

Packet Pick-up: Saturday, December 4, 2010, 10 a.m. to 5 p.m. at the

Lincoln Running Company and on race day at Pioneers Park



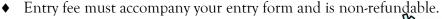






HOLIDAY COSTUMES AND CHEER ENCOURAGED!





- Make checks payable the Lincoln Running Company.
- All proceeds will go to the Capital Humane Society.
- All entrants will receive a special surprise!

Send or bring your entry form, along with your entry fee, to:

The Lincoln Running Company 1213 "Q" Street Lincoln, NE 68508











1213 "Q" Street Lincoln, NE 68508



HOLIDAY RUN 2010 Individual Entry Form

For Administration Use Only				
File#	Race #	Class		

Name		
Last	First	
Address		
City, State, Zip		
Home phone		
Email address		
Birth date	Race day age	Sex
Include entry fee payable to		
Lincoln Running Company	Entry fee \$10: _	
	Total	

WAIVER-I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained to run the distances of this event (5k). I agree to abide by any decision of a race official relative to my ability to safely complete the run, as well as abide by any recommendation to withdraw from the race or run at a slower pace due to weather conditions I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the condition of the road, all such risks being known and appreciated by me Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Lincoln Track Club, the City of Lincoln and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature]	Date

Signature of Parent or Guardian (if participant is under 19)