



WHEN

Saturday, October 22, 2016

Check in begins at 1 p.m.

Race begins at 2 p.m.

WHERE

Fort Borst Park, Centralia

COURSE

This 5k course will run the Borst park trails with minor changes in elevation , (The course is easy for all levels of runners or walkers.) Student volunteers, flags and signs will be along the route to guide you.

REGISTRATION

To guarantee a T-shirt, you must pre-register by Oct. 17 at noon.

Forms and payment must be dropped off at the Student Center, Room 101 or mailed to:

Staci Jacobson
College Relations
600 Centralia College Blvd
Centralia, WA 98531

ENTRY FEE

\$25 Adults
\$15 CC Students (w/ ID)
\$10 Kids, under 12 FREE
\$5 more on race day

QUESTIONS, CONCERNS & MORE INFO

Staci Jacobson, Event Coordinator
360-736-9391 ext. 630 or events@centralia.edu

ENTRY FORM: CC Zombie 5K

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

Male Female T-Shirt Size (Adult): XS S M L XL XXL XXXL (Youth) XS S M L XL

Age Group 12 and Under 13 to 28 29 to 44 45 to 60 61+

Waiver: I know that running/walking in a race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event including, but not limited to, heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic conditions, etc. I hereby agree for myself and my heirs, to discharge Centralia College and its respective directors, officers, student staff, employees, volunteer and any and all sponsors, suppliers and any other personnel assisting or connected with this event, any rights, claims or demands therefore which I may have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in the Centralia College Zombie 5K Run/Walk held on October 22, 2016. I also give my permission for use of my or my child's name and/or photo in any media and/or other account of the event. No Refunds for nonparticipation will be available.

Date: _____ Signature: _____

Signature of Parent or Guardian: _____

I have read the Rules and Regulations _____

For official use only					
<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> CC# _____	<input type="checkbox"/> 3-digit CVC Code _____
			EXP Date _____	Zip Code _____	