



# 29<sup>TH</sup> ANNUAL THORCO-FCA

## LAMAR WALK-RUN

1 MILE WALK      5 K WALK

5 K RUN    10 K RUN



Saturday, August 28, 2010

7:30 a.m.

This is the 29<sup>th</sup> year that the annual Lamar Thorco-FCA Run has been held in conjunction with the Lamar Free Fair.

Registration begins at 6:30 a.m. on August 28 at the corner of 8<sup>th</sup> & Broadway (former Gilkey Chevrolet) in Lamar. The race will begin there and finish at 9<sup>th</sup> & Broadway.

Thorco Industries, Inc. of Lamar and the Lamar Chapter of Fellowship of Christian Athletes sponsor the annual Lamar run. Proceeds from this race go to the FCA Chapter at Lamar Schools.

The course is mostly flat with a few moderate hills and is completely on asphalt surface.

Awards will be given in each division for first, second and third places. THE FIRST 100 ENTRANTS REGISTERED BEFORE THE RACE BEGINS WILL BE GUARANTEED A SHIRT.

MAIL THIS FORM WITH

\$16.00 ENTRY FEE TO:

Nancy Hughes  
Lamar High School  
202 W. 7<sup>th</sup>  
Lamar, MO 64759  
(417) 682-5571 (ext. 415)

Make checks payable to: FCA-Lamar.

### REGISTRATION FORM

Full Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Check one:       1 Mile Walk

5 K Walk

5 K Run

10 K Run

Check Division and Age Bracket:

13 and under

14-17 high school

18-29 open division

30-39 division

40-49 division

50-59 division

60+ division

Entry Release

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors & administrators, waive & release any & all rights & claims for damages that I may have against the Race & county of Flinton, state of Missouri, their representatives, successors & assigns for any & all injuries suffered by me in said event. I attest and verify that I am physically fit & have sufficiently trained for the competition of this race & my physical condition has been verified by a licensed medical doctor. I will additionally permit the free use of my name & pictures in broadcasts, newspaper articles, telecasts, etc. and I hereby authorize any emergency medical unit to release, any physician designated as an official representative of the race to obtain information (medical or otherwise) relating to my condition resulting from my participation in this event & I further authorize such physician to tactfully and tastefully use such information in his dealings with the public.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian if entrant is under 18 yrs. Of age \_\_\_\_\_

Shirt Size: Check One

Adult                      Youth

small                     10-12

medium                 14-16

large                     18-20

x-large