

30th Annual Thorco-FCA

Lamar Walk-Run

1 Mile Walk • 5K Walk
5K Run • 10K Run

*5K Run and 10K Run are
USATF/RRTC Course Certified!*

**Saturday
August 27, 2011
7:30 a.m.**

This is the 30th 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 27, at the corner of 8th & Broadway (former Gilkey Chevrolet) in Lamar. The race will begin there and finish at 9th & 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 \$10.00 Entry Fee To:

Ann Landrum
202 W. 7th
Lamar, MO 64759
(417) 682-3548 (ext. 134)

(Make checks payable to: FCA-Lamar)

REGISTRATION FORM

Full Name (Please print)

Address

City, State, Zip

Telephone

Check One: 1 Mile Walk
 5K Walk
 5K Run
 10K Run

Check Division: Men
 Women

Check Age: 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 Barton, 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 if my name & picture 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 any 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 Sizes: Check One

Adult	Youth
<input type="checkbox"/> Small	<input type="checkbox"/> 10-12
<input type="checkbox"/> Medium	<input type="checkbox"/> 11-16
<input type="checkbox"/> Large	<input type="checkbox"/> 18-20
<input type="checkbox"/> XL	