

# Carver Steamboat Days

## 5K Run/Walk

**When:** Sunday,  
September 13, 2009.  
Run/Walk will start at  
8:00 a.m. sharp.  
Rain or Shine

**Entry Fee:** \$15.00 by Aug. 31st and \$20.00 on  
race day. Race day registration begins at 7:00 a.m.

**T-shirts and Medals:** T-Shirts will be guaranteed to  
preregistered participants. Medals will be awarded to  
the top three males and females in their age group.

**Where:** Community Park,  
located at 800 6<sup>th</sup> Street West,  
Carver, MN. Exit off of new  
Hwy 212 at Jonathon Carver  
Pkwy/Co Rd 11. Go South 1  
mile. Park is on the left.

**Categories:** 14 and under, 15-19, 20-29, 30-39,  
40-49, 50-59, 60 and up.

**Course:** NO HILLS  
Begins and ends at the baseball  
field. Flat asphalt, enjoy country  
and residential scenery.

Mail entry form and fee to:  
Stacy Sazama, 657 Concord Drive  
Chaska, MN 55318  
(952) 448-7528 or sazama@chaska.net  
Make Check Payable To: St. Nicholas Church

-----  
NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX M/F \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_

EVENT ENTERED: 5K WALK \_\_\_\_\_ 5K RUN \_\_\_\_\_  
T-SHIRT SIZE: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CO-SIGNATURE (PARENT/GUARDIAN MUST CO-SIGN IF UNDER AGE 18):

Signed: \_\_\_\_\_

IN CONSIDERATION OF YOUR ACCEPTANCE OF MY ENTRY, I, THE ABOVE SIGNED, INTENDING TO BE LEGALLY BOUND, HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ST. NICHOLAS 5K RACE, THE CHURCH OF ST. NICHOLAS, THE COUNTY, TOWNSHIP, AND CITY IN WHICH THE RACE IS CONDUCTED, AND THEIR AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, ASSIGNS, SUCCESSORS, AND ANY OTHER SPONSORS AND THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME IN SAID EVENT. I ATTEST AND VERIFY THAT I WILL PARTICIPATE IN THIS EVENT AS A FOOTAGE, THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPLETION OF THE EVENT AND MY PHYSICAL CONDITION HAS BEEN VERIFIED BY A LICENSED MEDICAL DOCTOR.