

REGISTRATION FORM

Please fill out the entry form and sign the liability form on the back

Name _____

D.O.B. ___/___/___ Age on race day _____

Male _____ Female _____

Mailing Address _____

Email Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

T-Shirt Size (Adult):

S _____ M _____ L _____ XL _____ 2XL _____

Please circle your age group:

12 & under 13-18 19-29 30-40
41-50 51-60 61-70 71+

**5 K
Run**



**Fun
&
Walk**

REGISTRATION DEADLINE:
9am
SATURDAY APRIL 11, 2015

Activity # 106162 D

DELTA RECREATION DIVISION

Bill Heddles Recreation Center
530 Gunnison River Drive
Delta, CO 81416

(970)874-0923

The
Center for:
your **BODY..**
your **HEALTH..**
your **LIFE!**

DRINK UP

Dehydration causes your blood volume to drop, which lowers your body's ability to transfer heat and forces your heart to beat faster, making it difficult for your body to meet aerobic demands.

Drink eight to 16 ounces one to two hours before a run. Sports drinks and water are good choices. Didn't plan ahead? Fifteen to 30 minutes before going out, drink at least four to eight ounces of fluid.



CITY OF DELTA



Spring Into Shape

5 K Fun

Run & Walk,



Date: Saturday April 11, 2015

Where: Confluence Lake Trails

**Time: Check-in: 8:00am
Start: 9:30am**

CONFLUENCE TRAILS

**Start: Lions Pavilion on
Confluence Park Trails**

**Finish: Lions Pavilion on
Confluence Park Trails**

ENTRY FEES

Up to April 2nd

Walk or Run

\$25 w/Shirt

After April 2

\$25 no shirt

Spring Into Shape 5k LIABILITY FORM

**WAIVER...ALL PARTICIPANTS
MUST READ & SIGN!
PLEASE READ CAREFULLY BEFORE
SIGNING
ACKNOWLEDGEMENT, WAIVER, &
RELEASE FROM LIABILITY**

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its officers, agents, or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program.

Print Name: _____

Signature: _____

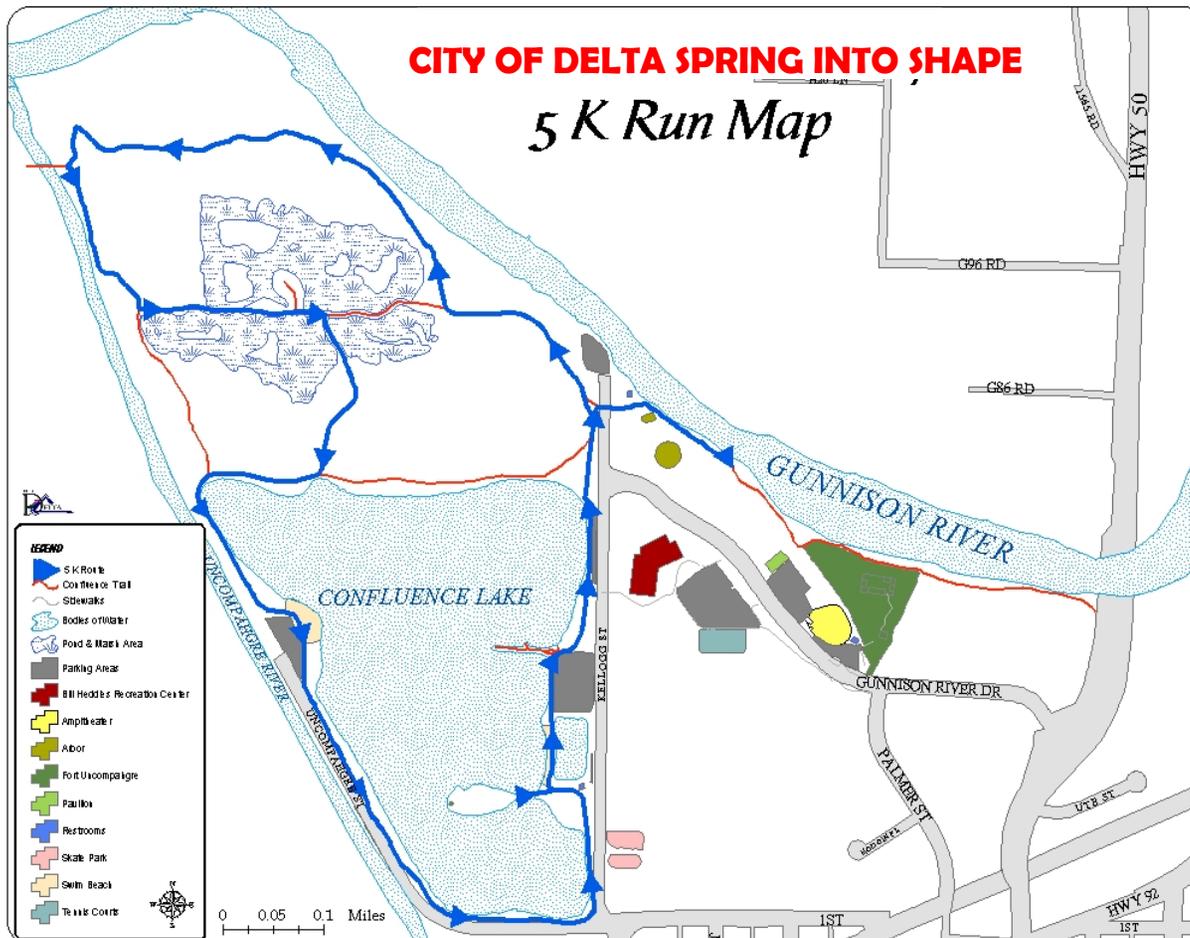
Date: _____

**Please send your entry form, signed waiver,
and entry fee to:**

Bill Heddles Recreation Center
Attention: Renee Ealey/Gary West
531 North Palmer Street
Delta, CO 81416

Makes checks payable to the City of Delta

(New Address-Same Place)



For more information, call 874-0923