



**5K + 10K RUNS & 2 MILE NON-COMPETITIVE TRAIL WALK**



**FRIENDS OF LACEY**

**SATURDAY, OCTOBER 15TH AT 9:00AM**

Lacey State Park Lodge- 701 Van Buren Street, Keosauqua, IA 52565

**\$20 PRE-  
REGISTRATION**

**\$25 RACE DAY  
REGISTRATION**

**\$60 MAXIMUM  
PER HOUSEHOLD**

**SNACKS, DRINKS, AND GOOD COMPANY WILL BE AVAILABLE.**

Please complete the attached registration form with payment and mail to: Friends of Lacey  
701 Van Buren Street, Keosauqua, IA 52565. All forms must be received by MONDAY, SEPTEMBER 25th, 2023. Your  
registration packet will be available for pick-up on race day from 8:15-8:45am.

**QUESTIONS OR FOR MORE INFO CONTACT HEATHER CHARBONNEAU @  
heather.charbonneau@vbcwarriors.org**

# REGISTRATION FORM

NAME : \_\_\_\_\_

PHONE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_

ZIP CODE : \_\_\_\_\_ AGE : \_\_\_\_\_

EMAIL : \_\_\_\_\_

MALE : \_\_\_\_\_ FEMALE : \_\_\_\_\_

EVENT COURSE (CHECK ONE): \_\_\_\_\_ 5K RUN \_\_\_\_\_ 10K RUN \_\_\_\_\_ TRAIL WALK

T-SHIRT SIZE: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE

## NO REFUNDS OR TRANSFERS

I, the unsigned, knowingly accept and fully understand the inherent risks associated with the race and event. In consideration of the Friends of Lacey, acceptance of my registration to participate in the Lacey-Keosauqua Fall 5K, 10K & Trail Walk, I hereby, for myself, my heirs and assigns release, indemnify and agree to hold harmless the Friends of Lacey, its directors, officers, employees, agents, and participants who may be performing official functions for the run and walk, from any and all actions, claims, demands, administrative proceedings, judgements, or decrees, including attorney's fees, or any kind that may arise out of my participation in this event. I also hereby consent to and authorize emergency medical treatment in case of injury. I understand that any medical costs incurred will be my responsibility. I represent that my physical condition is to the best of my knowledge adequate to allow me to safely participate in this event and no physician has advised me against participating in such an event.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE FOR PARTICIPANTS UNDER 18): \_\_\_\_\_

THANK YOU TO OUR SPONSORS FOR MAKING THIS RACE POSSIBLE!