



WBW MOTHER'S DAY 5k

Run/Walk & Kid's Races

Civitan Park – Belpre, OH – May 10th, 2009

Registration: 12:30-1:45pm at Shelter #1

5k Begins: 2:00pm Kid's Races Begin: ~3:00pm (completion of 5k)

From Washington Blvd., turn toward the river onto Lee St. At the end of Lee, turn right onto Blennerhassett Ave. Once you pass the Belpre swimming pool on your right, you will see the park.

Honoring Mothers & World Breastfeeding Week with an afternoon of family fun & fitness!
Proceeds to benefit La Leche League – <http://www.llusa.org/wbw/>

LEAD SPONSORS			AWARDS
 Childbirth Education www.esalibirth.com	 www.rivercityrunners.com	 Products & Support for Breastfeeding Mothers www.lansinoh.com	First & Second overall runner & overall walker First & Second male & female runner & walker in age groups 19 & under, 20-29, 30-39, 40-49, 50-59, 60+

For more information contact:

Race Director: Leslie Thomas – 304-863-5320 or Co-Director: Danielle Bergum – 304-422-0923

or visit <http://www.esalibirth.com/2009/03/wbw>

Make checks payable to WBW Mother's Day 5k. Send registration fee and applications to 1919 Hamilton St. Parkersburg, WV 26101. Pre-registration is \$10 for 5k Run/Walk if postmarked by April 18th, 2009. Kids races are free for ages 11 and under. Pre-registration guarantees t-shirt. Late & race day entry fee is \$15 for 5k Run/Walk.

PLEASE PRINT

NAME: _____ 5K: _____ KID'S RACE: _____

ADDRESS: _____ RUNNER: _____ WALKER: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

DATE OF BIRTH: ____/____/____ Gender: M F SHIRT SIZE: S M L XL

AGE GROUP ON 5/10/09: 19 & Under 20-29 30-39 40-49 50-59 60+

WAIVER: For and in consideration of my participation in the WBW Mother's Day 5k, I, the undersigned, release forever the sponsors, the program, its members, volunteers, co-sponsors, landowners, race organizers, race directors, other participants and all those associated with the WBW Mother's Day 5k, River City Runners Club and Belpre Civitan Park from any claim for harm, injury or loss that occurs to me or my child/ward or anyone on his/her behalf as a result of participation in this event. I therefore attest and verify that I am physically fit and have sufficiently trained for this event and am aware of the potential dangers. I also agree to the use of any photos, films, or videotapes of the event for any purpose. I have read the above statement, I understand it, and my signature confirms its full acceptance.

Signature

Date

Parent/Guardian, if under 18 years old