5k Run/Walk 10k Run
4-Man Relay

rina's run

RCAF

BROCCHINI FARMS, INC. EST. 1948

Saturday May 12th 2012

When: Start at 8:30AM ~ Registration opens at 6:30AM

Where: Ripon High School @ 301 N. Acacia, Ripon & through town

Benefits: Ripon High Stadium (Breaking ground this summer on a new track and field!)

Fees: Ages 17&under - $25 ~ Ages 18&up - $30 ~ Race day - $35 ~ 4Man Relay $100

Includes: T-shirt, Rotary Pancake Breakfast, Post-race Refreshments, and Awards

Course: Flat & Fast ~ 5k is a run or walk ~ 10k run only ~ Strollers welcome
Please no dogs, bikes or skateboards

Divisions: 12&under ~ 13-18 ~ 19-29 ~ 30-39 ~ 40-49 ~ 50-59 ~ 60-69 ~ 70&up ~ 4Man Relay

Awards: Metals 3 Deep, 10K winner: $100, 5K winner: $100, 12 & under winner: $50

vendor faire and rotary pancake breakfast open to the public

Quarterback Club RIPON

California Rock Crusher Corp. CAL CRUSH Ripon, Ca. 209-599-9941

DEGRAFF CONSTRUCTION / DEVELOPMENT

Need More Information?
Call Laurie Reilly (209) 985-7445
or visit www.rcafsite.com

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ENTRY FORM

For entry send your completed form and non-refundable fee payable to:
RCAF
c/o Debbie Chiulli
557 Franklin Lane
Ripon, CA 95366
(One entry form per person please)
or Pre-register online @ active.com

RELEASE & WAIVER:
I certify that I am physically fit and sufficiently trained to participate in Rina's Run. In consideration of acceptance of my entry into the event and recognizing that there are certain inherent risks associated with participating in an event of this type. I agree to assume that risk and indemnify, waive, release and hold harmless any sponsor(s) including: RCAF, CITY of RIPON, Ripon Unified School District, Shadowchase Running Club, their directors, managers, officers, employees, representatives, agents, heirs and assigns from any and all claims for damages arising from or out of my participation in and travel to and from the event. I will assume responsibility for my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring in my participation in the event. I have read and fully understand all of the above. I also grant RCAF the right to use images taken at this race.

Name (please print clearly)

Address

City & Zip Code

Email Address

( ) Phone

EVENT ◯ 5k ◯ 10k ◯ 4-Man Relay

AGE/GENDER _____ M ___ F ___
Age on Race Day Gender

T-SHIRT SIZE XS ___ S ___ M ___ L ___ XL ___ 2X ___

X Date

Signature
(If you are under 18, your parent must sign for you)