

Pierceton Heirloom Tomato Festival



5K RUN/ WALK
August 24, 2024
Pierceton, Indiana



Date: Saturday, August 24, 2024
Location: Brower Park

Time: 5K RUN/ WALK @9:00 AM
Course: Starting and ending at Brower Park

Entry Fee:

\$20 Pre-race registration fee (T-shirt guaranteed) Pre-registration closes Wednesday, August 10th. After August 10th and on race day the registration fee will be \$25.00

5K Age Group Categories: 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

5K Awards: Awards to both Male and Female for 1st, 2nd, 3rd places in each age group, with special prize to 1st overall Male & Female.

Registration: 8:00 AM to 8:40 AM on race day.

Pre-registration form is available on line at: piercetonchamber.com/forms

Send check * and complete registration form to:
Pierceton Chamber of Commerce
P.O. Box 49
Pierceton, IN 46562

* Registration online at runsignup.com

*Please make checks payable to:
Pierceton Chamber of Commerce
Questions? Contact:
574-797-3033
e-mail at: visitpierceton@yahoo.com

Pierceton Heirloom Tomato Festival 5K RUN/WALK

Name: _____ Male _____ Female _____ Age on Race Day _____

Address: _____ City _____

State: _____ Zip: _____ Email: _____

Shirt: ADULT SIZES S ___ M ___ L ___ XL ___ XXL ___ (Shirts are only guaranteed to those pre-registered by August 7th)

Waiver Statement (must be signed):

I understand that competing in a road race can be a potentially dangerous activity. I verify that I am physically fit and have trained for this competition. I assume all risks associated with running this event including, but not limited to falls, contact with other participants, all risks being known and appreciated by me. Having read this waiver and knowing these I understand in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Pierceton Chamber of Commerce, the Town of Pierceton, all Sponsors, and officials from any claim of any kind arising out of participation in the above road race. I grant full permission to use photo/records of these events. I grant permission for emergency medical treatment for myself, my son/daughter by competent medical personnel on the date.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____