



**Oahe Days 5K/10K Trail Run and Walk Registration Form**

**Cost:** \$20 (Includes dri-fit t-shirt)

**Make checks payable to the "Pierre Area Running Club".  
PLEASE PRINT LEGIBLY!**

**Race Entered (circle one):** 5K                      10K

**Name:** \_\_\_\_\_

**Gender (Circle one):** Male                      Female

**Age Division: (Circle one)** Under 20                      20 – 29                      30 - 39  
40 – 49                      50 – 59                      60 - 69  
70+

**Mailing Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**T-Shirt Size: (Circle one)** S                      M                      L  
XL                      XXL

I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the organizers of the Oahe Days Trail Run and Walk, 5K and 10K, the Pierre Area Running Club, the Pierre Chamber of Commerce, the city of Pierre, the state of South Dakota, and any facility, sponsors, or individuals associated with this event for any and all injuries which may be suffered by me in connection with my participation in this event. I certify that I am in proper physical condition to participate in this event.

**Signature:** \_\_\_\_\_

Note: Parent or authorized guardian must sign if participant is under 18 years of age.

**Date:** \_\_\_\_\_