1st Annual Tri-County Trail Half-Marathon

Saturday, April 19, 2008: Start 9:00 AM
Brad Lytle Park: Frankfort, Ohio
Rain Date: April 20, 2008

GENERAL: This is a run on the bike path we seek to lengthen and maintain. It is an out-and-back course that is flat and mostly shaded. Please be courteous to all participants and locals. The course is 13.1 miles. Every entrant receives a Half Marathon T-Shirt!

START: Start time is 9:00 AM. The run will begin in Brad Lytle Park: Frankfort, Ohio.

FOOD: There will be food located at the beginning and end. There will be water stations (and sugar drinks) every other mile and at the beginning and end.

SUPPORT: Any of the water stations will help provide support; however, you are encouraged to bring someone with you to drive you home or take care of any personal needs you might have.

FEES: Adults are $35.00. Students are $25.00. A t-shirt is provided with the entry fee and there will be three awards given to the first runners upon finishing. Other awards will be given to the youngest, the oldest, etc.

NEED MORE INFO? Call 740.779-0814 contacting either Jo Sager or David Pigott
Check website at http://tricotrail.tripod.com

2008 Tri-County Trail Half-Marathon Entry and Release

Make copies as necessary--each participant must complete form and sign release—one payment check is ok for multiple entries.

NAME_____Evening Phone_____
ADDRESS_____
CITY/STATE/ZIP_____

Please Enter Number of Shirts/Sizes - One For Each Entrant:	**___S ___M ___L ___ XL**
REGISTRATION(S) FOR ADULT	$_____
REGISTRATION(S) FOR STUDENT	$_____
TAX DEDUCTIBLE CONTRIBUTION	$_____
TOTAL ENCLOSED	$_____

MAIL & MAKE CHECKS PAYABLE TO: TRI-COUNTY TRIANGLE TRAIL, INC.
484 Caroline Drive: Chillicothe, Ohio 45601

WAIVER: All runners must read and sign waiver:

I know that running is a potentially hazardous activity. I should not participate unless I'm medically able. I assume the risk participating in this event. In accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone might claim on by covenant not to sue, and waive release and discharge all persons, groups and sponsors associated with the event.

Signature of Participant_____ Date_____
Signature of Participant_____ Date_____
Signature of Participant_____ Date_____
Signature of Participant_____ Date_____