

# March 22nd 2008 Willimantic Easter 5K Road Race

Cash Prizes for Top 3  
Male & Females



**Date:** Saturday, March 22nd, 2008,

**Registration:** 8:00 a.m. to 9:15 a.m.

**Time:** (5K-9:30 a.m.) (Kids race 9:00 a.m.)

**Fee:** \$15 Pre-Registration •\$20 after 3/14/08

**Location:** Saint Mary's School, 35 Valley Street, Willimantic, CT

**Course:** The race runs through the historic Willimantic hill section.

**Mail entry fee to:** The Last Mile at 98 Ivan Hill Street Willimantic, CT 06226

Make Checks Payable to: Windham Recreation

\*\*\*\*Walkers are welcome\*\*\*\*

### Awards for the Top 3 in each Division

(13 & Under) (14 - 18) (19 -29) (30-39) (40-49) (50 -59) (60 - 69) (70+)

**\*\*T-Shirts for the first 100 registered runners\*\***

### Cash Prizes

### \$25.00 New Course Record Bonus

1<sup>st</sup> Place \$100.00

Current male record - Kevin Curley 16:21

2<sup>nd</sup> Place \$50.00

Current female record - Claudia Camargo 17:16

3<sup>rd</sup> Place \$25.00

The Willimantic Easter 5K Road Race is proudly sponsored by:



For more information contact Charlie Olbrias:

Phone: 860-456-4451 E-mail: [info@thelastmileracing.com](mailto:info@thelastmileracing.com)

On the Web:[www.thelastmileracing.com](http://www.thelastmileracing.com) (Click on the Easter Race link)

I, \_\_\_\_\_ the undersigned by registering in Willimantic Easter Road Race, understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have, against the Town of Windham, its successors and assigns, employees, agents and representatives and the Last Mile race Management, and the WAC for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that the Town of Windham is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Name: \_\_\_\_\_ Last: \_\_\_\_\_ Age: (On race day) \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or guardian if under 18)