



## **5K Run/Walk With The Balloons**

**Friday, September 7, 2018**

**6:30pm @ Monroe County Fairgrounds**

**Sponsored by The Local Council of Women**

Join us for our 4th Annual "5K Run/Walk With the Balloons" that will kick-off during our 6th Annual Kiwanis Club of South Central Balloon Fest! The event will host twenty hot air balloons and include balloons such as Humpty Dumpty and Tom & Jerry, as well as traditional hot air balloons.

### **Race Day Schedule of events:**

5:30-6:30pm - Registration and packet pick-up

6:30pm - Start of 5K Run/Walk

Awards to Follow Race

### **Awards:**

Overall male and female winner and the winners for each age group will receive awards.

**Overall male and female winners receive a hot air balloon ride for 2 (value \$500 each)!**

Age Groups - 12&under, 13-17, 18-24, 25-34, 35-44, 45-54, 55 &up.

Your entry fee for the race will include entry to the Balloon Fest on Friday and help us support our charities. Friday evening will include colorful, enormous hot air balloons taking flight as we begin the race, as well as a balloon night glow after dark, pyrotechnic skydivers, live music, and tethered balloon rides. We look forward to seeing you there!

### **Location Information**

Monroe County Fairgrounds - 5700 W. Airport Road - Bloomington, IN 47403

**Enter the fairgrounds through Gate 5. Expect some traffic, so be sure to arrive early!**

### **Registration Fees:**

**5k Run/Walk (with event shirt) - \$25 (Limited supply available on race day)**

**5k Run/Walk (no event shirt) - \$20**

**Race Course:** Located on the fairgrounds, the course will run as loops around the event. Course will be slightly rolling, on paved or crushed gravel paths.



## '5K Run/Walk With The Balloons' Registration Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthday (00/00/00): \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Runner or Walker: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Please send registration form, signed waiver and cash/check to:

SCI Kiwanis Club

Attn: 5K Walk/Run With The Balloons

PO Box 7431

Bloomington, IN 47407

Online Registration Available:

<https://sites.google.com/site/aboveandbeyondtiming/register/balloon-fest-5k-registration>

If you have any questions or concerns please call or email Victoria at 812.325.7464 or  
[vmclary@indiana.edu](mailto:vmclary@indiana.edu)

## Waiver and Release

**In consideration of being permitted to participate in the 2018 Balloon Fest 5K (“event”), I hereby waive and release the event promoters and volunteers, their affiliates and their officers, agents, employees, and representatives (collectively, the “Association”) from all responsibility or liability for injuries or damages to me resulting from or arising out of the negligent act or omission of the Association arising out of or in connection with my participation in the Event. I understand and am aware that running, walking or participating in a road race or activity such as the Event is a potentially hazardous activity involving a risk of injury and even death. The stress and exercise from an event of this nature can cause many types of injuries including cardiac injury and even death from cardiac or other medical emergencies. Additionally, I understand that there is a risk of injury from the condition of the course and premises where the Event takes place such as pot holes, cracks, bumps and other natural and man-made conditions. I understand these and other potential risks and I am voluntarily participating in the Event with knowledge of the dangers and risks involved. I hereby agree to expressly assume and accept all risks of injury or death associated with my participation in the Event. I understand that the Association without reason can at any time remove me from or not allow me to participate in this Event. I further give my full permission to the Association to use any photographs, videotapes or other recordings made of me the day of this Event.**

**I understand and agree to the waiver and release. If I am under 18 years of age this release has been agreed to by my parent or guardian.**

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