

28th annual

spring fever



SIX & TWO

run/walk

Saturday, April 10, 2010
Altoona, Wisconsin

Walking Events, 8:30 a.m.
Running Events, 9:00 a.m.



GNC LiveWell



Co Sponsored by the Indianhead Track Club,
GNC, and Arby's.

the course The 6-mile and 2-mile out-and-back courses start at Spooner Ave. & 10th Ave in Altoona. The walks will use the same course as the runs. Toilet facilities will be available at registration.

awards The 1st overall male and female and the 1st, 2nd, and 3rd place male and female finishers in each age division will receive awards. (There will be no awards for the walk events)

entry fee & registration Registration begins at 7:30 a.m., at the Pavilion at 10th Ave. and Spooner Ave. (next to Hobbs Ice Center) Altoona, WI. Pre-race instructions will be given at 8:55 a.m. and both the 6-mile and 2-mile runs will start at 9:00 a.m.

No Registration After 8:45 a.m.

results Race times will be recorded and complete results will be available after the race. Results will also be available at www.indianheadtc.org.

Please make check payable to: Indianhead Track Club • Mail entries to: Mark Wise, 930 Cambridge Ct., Altoona, WI 54720
715-833-7181 (W) • 715- 877-2475 (H) • mwise@indianhead-insurance.com

- 6-Mile Run 19 & Under 20-29 30-39 40-49 50-59 60 & Over
 2-Mile Run 10 & Under 11-19 20-29 30-39 40-49 50-59 60 & Over
 6-Mile Walk 2-Mile Walk

Name _____ ITC Member

Age _____ Sex _____ Telephone _____

Address _____

City / State / Zip _____

Email Address _____

Entry Fees for 6 & 2 Mile Run/Walk

Individual (\$5.00 by 4/6/10 - \$10.00 Day of Race) \$ _____

Family (\$15.00 by 4/6/10 - \$20.00 Day of Race) \$ _____

Under 18 (\$2.00) \$ _____

Spring Fever Towel (\$10.00 each) \$ _____

TOTAL ENCLOSED \$ _____

In consideration of your acceptance of my entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against the Indianhead Track Club and all other sponsors and their representatives, successors, and assigns, Eau Claire County, City of Altoona, and their employees, for any and all injuries suffered by me in this event and verify that I will participate in this event as a footrace entrant, that I am physically fit and have sufficiently trained for the competition and completion of this event and that my physical condition has been verified by a licensed Medical Doctor. I hereby grant full permission to any and all of the foregoing to use any photographs, video-tapes, motion pictures, recordings, or any other record of this event for any legitimate purpose without financial reenumeration to me or my heirs or assigns.

Signature _____ Date _____
If under 18, parent's or guardian's signature

Register online at: www.active.com