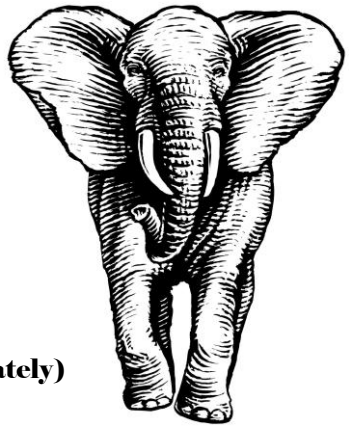
Safari Run

September 12, 2009

- ☼ **Start Time 8:00 a.m. sharp**
- ☼ **Race Day Registration 6:30 a.m. – 7:30 a.m.**
- ☼ **Custom awards in these run divisions:**
  10K: Under19 and 10-year age groups after.
  5K: Under 12, 13-14, 15-19 and in 10-year age groups after.



- ☼ **Entry Fee $20.00 pre registered – 5K / 10K**
- ☼ **Late Registration Fee $25.00 – 5K / 10K**

- ☼ **Entry Fee $15.00 pre registered - 1 Mile Walk**
- ☼ **Late Registration Fee $15.00 – 1 Mile Walk**

- ☼ **Kids' Race – $3.00 – ¼ mile dash.**
  (All kids' racers receive a ribbon. Event shirt must be purchased separately)

☼ **Entry must be postmarked by Sept. 7 for early fee.**

☼ **Entry Form**
Make check payable to KCPFS
Mail to: Safari Run
9306 Cannondale Dr.
Bakersfield, CA 93312
Phone: 661-654-6084

☼ **Benefiting**
The Scholarship Program of the Kern Council on Physical Fitness and Sports

☼ **Start Location**
Corner of Calloway Drive and Stockdale Highway. Runs along beautiful Kern River Bike Trail

Event: ☐ **5K Run** ☐ **10K Run** ☐ **1 Mile Walk** (non-competitive) ☐ **Kids' Races** (non-competitive)

Category: ☐ **Male** / ☐ **Female** **Age on race day:** _____

Name: _____

Address: _____

City: _____ **Zip** _____

Phone: _____ **e-mail** _____

Shirt Size ☐ **S** ☐ **M** ☐ **L** ☐ **XL** ☐ **XXL**

☼ **Must Pre-register to guarantee shirt size.**

School Affiliation (name a school to help it win $500) _____

Waiver: All entrants must sign. If entrant is under 18 years of age, a parent/guardian must sign. In consideration of my acceptance of this entry, I hereby for myself, my executors and administrators waive any and all rights and claims for damages I may have against the sponsors, Kern Council on Physical Fitness & Sports, SB Restaurant Co. (Elephant Bar Restaurant), Castle & Cooke, Inc., coordinating groups, City of Bakersfield, and any individuals associated with the event. Also none of the above is responsible for the loss of personal items or any other form or aggravation in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge I have read and fully understand my own ability and do accept the restrictions.

_____ _____ _____

Signature **Signature of parent/guardian** **Date**