



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ARE YOU UP FOR A RUNNING CHALLENGE?

**THE YMCA, RED OAK COUNTRY CLUB & RED OAK CROSS COUNTRY  
TEAM PRESENT:**

**The 3rd Annual Red Oak Cross Country Challenge – Saturday,  
August 12th @ 8:00 am at the Red Oak Country Club.**

Do you want to take on the same course as the Red Oak Cross Country Invitational? Then this is the race for you! Run the same hills and experience the ups and downs on what some refer to as the “Hardest Cross Country Course in the Hawkeye 10”.

## **Challenge Details**

The Challenge will feature both a 2-mile and 5K run. The Top Three Finishers in each division will receive an award.

## **Divisions**

**YOUTH** (Female & Male) High school age and under students

**ADULT** (Female & Male) Runners not Classified as youth.

## **Registration Deadline & Fees**

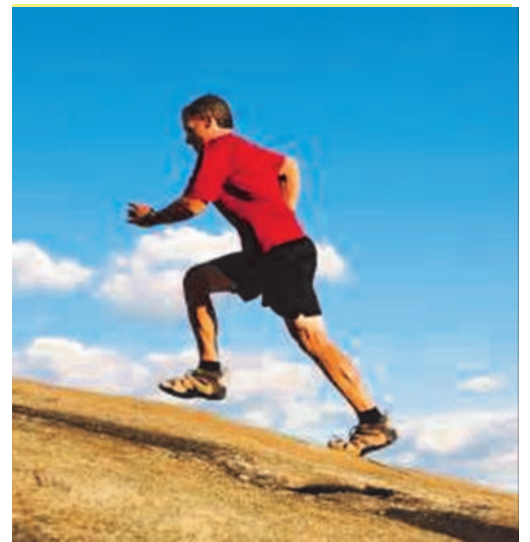
**By August 8th**

**\$10.00**

**After August 8th**

**\$15.00**

Registration Form on the back.





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### 2017 Red Oak Cross Country Challenge

Participant's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home #: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Alternate #: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (circle): Male or Female

Check Challenge entering: \_\_\_\_\_ 2 mile \_\_\_\_\_ 5K

Age Division Entering: \_\_\_\_\_ YOUTH \_\_\_\_\_ ADULT

COST: Early Deadline (By August 8th) After August 8th  
\$10.00 \$15.00

#### CONSENT TO PARTICIPATION

THE UNDERSIGNED \_\_\_\_\_, an adult person (or parent/guardian of participant) with understanding of the potential risks of injury by reason of participation in the following activity: **Red Oak Cross Country Challenge** does hereby consent to participate in the activity.

The potential risk of participation includes risk of injury from contact with other participants and contact with or use of equipment used in the activity.

The undersigned affirms that by signing this consent the person understands that participation in the activity is voluntary and that the person is free at any time to stop participation.

By this consent and with participation in the activity, the undersigned voluntarily accepts the risk of injury by reason of participation in the activity.

THE UNDERSIGNED provides the following contact information to obtain consent to treat the undersigned in the event of injury or illness during participation:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

If the contact person named above cannot be reached, the undersigned gives consent for supervisory staff to provide necessary and reasonable emergency medical care and treatment and further treatment by a licensed professional caregiver as the case may be.

Participant or Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

RETURN TO: Montgomery County Family YMCA 101 E. Cherry St. Red Oak, IA 51566