



# Goodenow Insurance Agency Inc

## 1<sup>st</sup> Annual Park Series

[www.Goodenowinsurance.com/parkseries.html](http://www.Goodenowinsurance.com/parkseries.html)



June 25<sup>th</sup> 2011  
Centennial Park 8:00 AM.



**GramDB 5k for Pancreatic Cancer**  
July 16<sup>th</sup> 2011  
Southwind Park 8:00 AM



**PROUD SUPPORTER**  
[www.homesforourtroops.org](http://www.homesforourtroops.org)  
August 6<sup>th</sup> 2011  
Lincoln Park 8:00 AM

-All net proceeds will be distributed to RPM, American Cancer Society and Homes for our Troops.  
-Walkers are welcome and will start after races are completed.

This is a 5K race series. Competing in each race will accumulate points towards a series winner for each age group. Races can also be run individually and certificates will be given at each race to participants. A certificate will be given at the last race to everyone who has competed in the series showing all of their times and rank within their age group. Shirts will be given to only those runners who compete in each race or walkers who participate in each walk. For more information please go to:

[www.Goodenowinsurance.com](http://www.Goodenowinsurance.com) Please return often for updates and additions added for the races.

### Packet Pick-Up

Fridays before each race 3:30-7:00 at Goodenow Insurance 1207 N 8<sup>th</sup> Springfield, IL 62704

Race day Saturdays 6:30 – 7:45 at the race locations 6/25 Centennial Park 7/16 Southwind Park 8/6 Lincoln Park

Age Groups (All races are 5K) (Walks approximately 2 miles)

10 & Under 10-12 13-14 15-16 17-18 19-20 21-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-80 81 & Over

Mail Registration to : Goodenow Insurance Park Series 1207 N 8<sup>th</sup> Springfield, IL 62702

For more information, Contact Don Goodenow, 217 523 5443 ext 12 or at [Goodenow@Goodenowinsurance.com](mailto:Goodenow@Goodenowinsurance.com) or Arlee Grimsley 217 691 4523

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male / Female Active or Retired Military \_\_\_\_Yes

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Do you want to receive race results and updates via email? \_\_\_\_Yes \_\_\_\_No

Pre Registration (Postmarked by 6/1/11)

Normal Registration (Postmarked after 6/1/11)

Race series all 3 races \_\_\_\_\_ \$40 total \_\_\_\_\_walk

Individual Races \_\_\_\_\_ \$15 \_\_\_\_\_walk

Race Series all 3 races \_\_\_\_\_ \$50 total \_\_\_\_\_walk

Individual races \_\_\_\_\_ \$20 \_\_\_\_\_walk

T-Shirt Size Adult S M L XL XXL Youth XS S M L

**(Only those running or walking the series of 3 races will receive a 1<sup>st</sup> Annual Park Series shirt. Shirts will be given out at the last race.)**

I may not run and/or I would like to make an additional donation to RPM, Pancreatic Cancer Action Network, or Homes for Heroes of \$\_\_\_\_\_ (Please note in remarks on your check to which group or groups you would like the donation directed.)

Please make checks payable to Goodenow Insurance Park Series.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or blades and animals are not allowed in the race, and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Goodenow Insurance Agency Inc., Springfield Park District, City of Springfield, RPM, Homes for Heroes and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. Furthermore, I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature (Parent of guardian if under 18 years of age): \_\_\_\_\_ Date \_\_\_\_\_