6th ANNUAL
HARVEST ½ MARATHON

Saturday – September 30th, 2006
7:45 AM SHARP

Presented by the Calgary Road Runners Club and The Tech Shop

To benefit the Tracey Flagg Memorial Fund (TFMF) in support of Brain Cancer Research and the South Fish Creek Recreation Association (SFCRA)

RACE START AND FINISH
Mid-Sun Community Center
50 Midpark Rise SE
Calgary, Alberta

RACE DATE AND TIME
Saturday – September 30th, 2006
Start @ 7:45 AM Sharp

DISTANCE: 21.1 Kilometers / 13.1 Miles

ENTRY DEADLINE: September 23rd, 2006

ENTRY FEE: $40.00 before September 9th
$50.00 after September 10th

COURSE DESCRIPTION
A picturesque loop course through Fish Creek Park and the local communities of Midnapore, Shawnee, and Sundance.

RACE PACKAGE PICK UP
The Tech Shop (*2415 – 4th Street SW*)
Thursday – September 28th - 4:30 to 8:00 PM
Friday – September 29th - 4:30 to 8:00 PM
No Race Day Pickup will be available.

*** The Race is limited to Seven Hundred and Fifty (750) Participants ***

HOW TO ENTER:
- Complete the application form below, read and sign the waiver and,
  Drop off at: The Tech Shop (2415 – 4th Street SW) or;
  Mail to: 105 Chaparral Court SE, Calgary, Alberta. T2X 3L6
- Payment by cash or cheque only. Make cheques payable to: **Harvest ½ Marathon**

All participants will receive post race refreshments. Late Registrants may not receive a T-Shirt.
There will be Three (3) aid stations on the course at approximately 5, 10 and 15 kilometers.
EMail to " information@harvesthalfmarathon.com " or contact the CRR @ 228-0999

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Payment by Cash or Cheque only Make cheques payable to: **Harvest ½ Marathon** **(No Refunds will be available).**

PLEASE READ CAREFULLY RELEASE AND WAIVER – AWARENESS OF RISK
With full knowledge of the risks involved, I, the undersigned, hereby apply to be entered as a contestant in the Harvest ½ Marathon Race and in consideration of this application being accepted, I hereby release the sponsors, beneficiaries and the organizers of the Harvest ½ Marathon from any claim for damages or injuries suffered by me during such contest or attendance at this Harvest ½ Marathon event, and waive any claim I might have for damages against such sponsors & such organizers arising out of or in any way relating to my participation in the Harvest ½ Marathon.

Name (Please Print): ______________________ Date: ____________

Address: ______________________ Shirt Size: S M L X

City: ________ Province: ________ Postal Code: ________ Race Entry $ ________

Email: ______________________ Phone: ________ TFMF Pledge $ ________

Sex (F / M): ________ Birth Date: (M/D/Y) ________ Age: ________ Total Funds $ ________

Tax Receipt Over $20 ☐

Signature of Athlete: ______________________ Parent / Guardian Signature if under 18 years of age.