



Pie in the Sky

7th Annual 5K and 1 Mile Fun Run

When:

Orono Festival Day – September 12, 2015
Rain or Shine
1 Mile Fun Run begins @ 9:00 am
5K begins @9:45 am

Awards:

1-Mile Fun Run – 1st M/ F finishers 13 & Under and for those who exhibit the most fun at the FUN RUN.

5K – 1st Male / Female finishers 13 & Under/ 14-19/ 20-29/ 30-39/ 40-49/ 50-59/ 60-69/ 70+

Where: Race day Registration 7:30 to 9:00 am behind the Public Safety Building

Entry Fee:

Early Bird Registration open to Sept. 10, 2015

Early Bird: \$12.00/ \$30.00 for a Family.
Race Day: \$15.00 / \$35.00 Family.
Student: \$10 with student ID

Register by August 15, 2015 for a Super Cool Race T-shirt.

Why:

Supporting the Arts at Asa Adams, Orono Middle School.

Sponsors:

Town of Orono and OSCAr (Orono Schools Coalition for the Arts)

For Race Entry Forms & Info:

Cassandra Babbitt: 866.2852 -- ckbabbitt@gmail.com -- www.facebook.com/PieintheSkyRace

7th Annual - Pie in the Sky Race Entry Form

Name: (please print) _____ Gender: _____ Age on race day: _____

Address: _____

Phone: _____ Email: _____

Circle T-Shirt Size: Youth S M - Adult S M L XL 2XL Race: _____ 1 Mile or _____ 5K

Race Agreement: By signing below, you understand and agree to the following: I know that running a road/trail 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 the 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 or injuries caused by, weather conditions, traffic, and road/trail conditions, in the consideration of my entry acceptance. I, for myself and anyone entitled to act on my behalf waive and release all race sponsors, Town of Orono, Orono Parks and Recreation, Orono HS, any private landowners along the race route and all representatives and successors from all claims or liabilities arising out of my participation in this event.

Participants Signature: _____ **Date:** _____
(or parent or guardian if under 18)

**Mail registration: Cassandra Babbitt
108 Forest Ave
Orono, Maine 04473
Checks payable to "Town of Orono"**