**9th Annual Tri-County Trail Half-Marathon - 5k & Walk**
**Saturday, April 16, 2016 Start 9:30 AM**
**Brad Lightle Park: Frankfort, Ohio**

**GENERAL**: All proceeds support the Tri-County Triangle Trail. It is an out-and-back course on the Tri-County Triangle Trail that is flat and mostly shaded. Please be courteous to all participants and local users that may be on the trail. The half marathon is 13.1 miles and the 5K is 3.1 miles. Walkers are welcome for the 5K!

**START**: Start time is 9:30 AM. The run will begin at Brad Lightle Park: Frankfort, Ohio. GPS Info: 69 S. Main Street, Frankfort, Ohio 45628 / Lat: 39.399449 Long: -83.182043

**FOOD & REFRESHMENTS:** Fruit drinks and water will be provided at the start and finish with a meal of ham, beans and cornbread at the finish.

**SUPPORT:** There will be multiple water stations along the course. Volunteers at water stations and along the course will be able to provide assistance. We will also have volunteers along the course to provide limited assistance for runners and walkers.

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| **FEES:** | Half-Marathon Run: | Adult: | $30.00 | Student: | $25.00 |
| | 5 k Run/Walk: | Adult: | $25.00 | Student: | $20.00 |

Every participant will receive a custom race T-shirt**, however quantity and/or size choice may be limited for race day registrations**. There will be prizes and awards given as the runners finish—to be determined each year based on sponsorships. For more information visit http://www.tricountytriangletrail.org.

**REGISTRATION:** Pre-registration is recommended, but we will have same-day registration beginning at 7:30 AM until 9:00 AM. Online registration, access to print registration form and more at http://www.tricountytriangletrail.org

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Make copies as necessary--each participant must complete form and sign release—one payment check is ok for multiple entries.

NAME_____ Phone_____
ADDRESS_____ ( ) Male ( ) Female
CITY/STATE/ZIP_____

REGISTRATION FEE (SEE ABOVE FEE SCHEDULE: $_____
TAX DEDUCTIBLE CONTRIBUTION: $_____

TOTAL ENCLOSED: $_____

**Event (check one) Half-Marathon_____ or 5 K_____**

**T-shirt size: S___ M ___ L___ XL___**

**MAIL & MAKE CHECKS PAYABLE TO**: TRI-COUNTY TRIANGLE TRAIL, INC.
P.O. Box 887 Chillicothe, Ohio 45601; or register online at http://www.tricountytriangletrail.org

## WAIVER: All runners must read and sign waiver:

**I know that running is a potentially hazardous activity. I should not participate unless I'm medically able. I assume the risk participating in this event. In accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone might claim on by covenant not to sue, and waive release and discharge all persons, groups and sponsors associated with the event.**

**_____ Age Race Day _____**
**Participant Name (PRINT CLEARLY)**

**_____**
**Signature of Participant (or Parent or Guardian if Participant is under 16 years of age on race day)**