



SPONSORED BY TRI KAPPA

SATURDAY,
OCTOBER 26

HALLOWEEN HUSTLE 5K
5K RUN/WALK &
1-MILE FAMILY FUN
WALK

REGISTRATION BEGINS
AT 9AM

DRIVEHUBLER.COM AMPHITHEATER
AT YOUNGS CREEK PARK

RACE BEGINS AT 10AM

AWARDS GIVEN TO TOP 3 IN EACH
GROUP (MALE & FEMALE)

AGE GROUPS 14 & under, 15-25, 26-35, 36-45, 46-
55, 56-64, 65 & older

HALLOWEEN HUSTLE 5K

AT THE DRIVEHUBLER.COM AMPHITHEATER

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of 10/28: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

ENTRY FEE FOR
5K RUN AND WALK

\$20 If registered by 10/15
\$25 If registered after 10/15

T-shirt sizes are not guaranteed after 10/15

ENTRY FEE FOR 1-MILE
FAMILY FUN WALK

(T-shirt not included)
\$2/person

JUST T-SHIRT

\$15

T-shirt sizes are not guaranteed after 10/15

TYPE OF RACE (Circle One):

5K Run 5K Walk 1-Mile Family Fun Walk T-Shirt Only

SHIRT SIZE (Circle One):

YS YM YL S M L XL 2XL (\$2 extra)

Amount Enclosed: \$ \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

WAIVER STATEMENT (Must be signed; parent or guardian must sign if participant is under 18)

I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the City of Franklin, The Franklin Parks & Recreation Dept., its employees, volunteers, agents and assigns from responsibility for any personal injuries and damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I understand that participants may be photographed or videotaped. I have read this release and sign it voluntarily and with full knowledge of its significance.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Register at the Recreation Center or mail to:
Franklin Parks & Recreation
396 Branigin Blvd.
Franklin, IN 46131

Questions? Contact Holly at (317) 346-1198
or email at hjohnston@franklin.in.gov.



OFFICE USE ONLY

DATE REC'D: \_\_\_\_\_

CASH CC CHECK# \_\_\_\_\_

BIB# \_\_\_\_\_ SHIRT \_\_\_\_\_