



WELLSPRING STAMPEDE 2010

10K Run/Walk

A Benefit for Wellspring's Family Based Services

Sunday, April 25, 2010

Canyon Lake Park ♦ Rapid City, SD

Registration 8:00 AM - 9:00 AM

Run Start Time: 9:30

Name _____ Age (on date of race) _____ Male Female

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Runner <input type="checkbox"/>	Bib Number: _____	Walker <input type="checkbox"/>	(No Bib Number)
Pre-race Registration Fee \$25 Free T-shirt with registration (Please check your T-shirt size)			
Day of Race \$30			
Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>	X-Large	<input type="checkbox"/>
XX-Large	<input type="checkbox"/>		
Additional T-Shirts = \$25 <input type="checkbox"/> (Indicate number and size(s)) _____			
Special Edition Collectors Print \$25 <input type="checkbox"/>		Total Amount enclosed/charged: _____	
Enclosed is my check made payable to Wellspring Inc. <input type="checkbox"/>			
Please charge to my credit card: MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>			
Card Number _____		Exp date _____	
Card Holder's Name _____		Signature _____	

Awards will be presented after the race to the 1st place Male and Female runners in the following categories:

Youth 12 & under Teen 13-19 Adult 20-29 Adult 30-39 Adult 40-49
Adult 50-59 Adult 60-69 Adult 70 & over

Special Categories (can be used in addition to individual time)

♦ **Fastest Family** ♦ **Fastest Business** ♦ **Fastest Military Team**

Family Name _____ Business Name _____

Must be at least three team members – larger teams will use top three times for score

Waiver and Release for Wellspring Stampede, April 26, 2010	
I know that running can be a hazardous activity. I assume all risks associated with running including, but not limited to, falls, weather conditions, contact with other participants, the effects of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release Wellspring, Inc., the City of Rapid City, plus all event partners, sponsors, and volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this race even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further I grant permission to all of the foregoing to use any photographs, motion pictures, or other record of this event for any legitimate purpose without compensation to me.	
Date _____	Signature of participant _____
(Parent or guardian signature of participants under 18)	

Please mail or fax to:

Wellspring ♦ PO Box 1087 ♦ Rapid City, SD 57709

Phone or Fax orders (credit card registration only) ♦ (605) 718-4870 ♦ FAX (605) 718-4878

Email (credit card registration only): stampede@wellspringrc.org