# San Juan Capistrano

# 5 K Trail Fun Run

## Saturday October 1, 2011

**The Proceeds from this fundraiser will support SJC Rotary community programs and the City's improvements to our multi-use trails.**

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| **Start:** | **7:30AM** |
| **Location:** | **The trail head at the east end of Camino Las Ramblas, off Hwy 5, SJC.** |
| **Course:** | **The off-road course is wide and a relatively run through the hills to a lookout point and back to the start.** |
| | **Water is provided at frequent aid stations.** |
| **Entry Fee:** | **$25 before race day (no refunds). This is a special rate for OC Trail Tales** |
| **Entry fee includes:** | **Official race T-shirt.** |
| | **Overall Winners - First, Second and Third - men and women** |
| | **Event parking - only on Camino Las Ramblas** |

**For online registration, course map and directions to start: www.sanjuantrailrun.org**

**SAN JUAN CAPISTRANO 10K TRAIL RUN REGISTRATION FORM**
**Saturday, October 1, 2011**

**Make check payable to:**
**SJC Rotary Club in the amount of $25**
**($30 on day of race)**

**Send entry to or deliver by hand to:**
**SJC RIDGE EVENT, City of San Juan Capistrano Community Services**
**25925 Camino Del Avion, San Juan Capistrano, CA 92675**

Name: _____ Age_____ Sex: M F T-shirt: S M L XL
Address _____ City _____ State ____ Zip _____
Home Phone _____ ___Cell _____Email: _____

I agree for myself, or for the minor(s) registered for who I am responsible, that participation in the San Juan Capistrano Trail Run on October 1, 2011 is at my own risk. I further agree to indemnify and hold harmless the City of San Juan Capistrano, San Juan Capistrano Rotary Club and any of their officers, agents, or employees from any liability or claim or action for damages resulting from or in any way arising out of the participation in the San Juan Capistrano Trail Run. I further consent to emergency medical treatment and to pay for all costs incurred as a result of said treatment.

**I HAVE READ AND UNDERSTAND THE REGULATIONS AND LIABILITY FORM AND AGREE TO ABIDE BY THEM.**

Signature: _____ Date: _____
(Participant or parent if runner is under 18 years of age.)