

**Take A Step**  
**13<sup>th</sup> Annual 5K Run/Walk**  
 Saturday, April 24, 2010 7:30am

Fairfield Behavioral Health Services invites you to participate in the 13<sup>th</sup> Annual 5K Run/Walk on Saturday, April 24, 2010 in honor of Alcohol Awareness Month. This event, inspired by the Laura Griffin Memorial 5K Run, was developed to increase awareness of the negative impact that alcohol and other drugs have on the community. Your participation will encourage community support for substance abuse prevention and promote healthy lifestyles for the residents of Fairfield County.

**Course:** The 5K Run/Walk includes a 3.1 miles run and a 1.8 miles walk course passing through scenic and historic neighborhoods of Winnsboro. **The race is sanctioned by U.S.A. Track and Field and is also registered with the Palmetto Grand Prix, which will allow professional runners the opportunity to earn points.** Race headquarters will be at the Gazebo in front of the magistrate office on Congress St.

**Registration:** Applications can be mailed or returned with \$15.00 (\$10 with a group of 5 or more) registration fee payable to **Fairfield Behavioral Health Services, PO Box 388/200 Calhoun St., Winnsboro, SC 29180** by 5pm, Friday, April 24, 2010. Late registration will be held at the race Saturday, April 24 from 6:30-7:30 am.

**T-shirts will be available with each application while supplies last.**

Register online at [www.strictlyrunning.com](http://www.strictlyrunning.com)



**Schedule of Race Day Events:**

6:30-7:30 am.....Late Registration  
 8:00am.....3.1-Miles Run  
 8:10am.....1.8-Miles Walk  
 10:00am.....Awards Ceremony

**Age Group & Awards:**

Awards will be given to the first overall male and female finishers and the top three male and female finishers in the following age groups:

12 & under      13-19      20-29      30-39      40-49      50-59      60+

For further information, contact: Fairfield Behavioral Health Services (803) 635-2335.

*Detach and return bottom registration form*



**Alcohol Awareness Month 13<sup>th</sup> Annual 5K Run/Walk**

Please check all that apply.

**Run:**       **Individual or**       **Group (5 or more) Group Name** \_\_\_\_\_

**Walk:**       **Individual or**       **Group (5 or more) Group Name** \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (      ) \_\_\_\_\_ Sex \_\_\_\_\_ Age on Race Day \_\_\_\_\_

**Entry Fees**

Individual Early Registration .....\$15 (with T-shirt)  
 Individual Late Registration .....\$18 (with T-shirt)  
 Group Early Registration ..... \$10 (with T-shirt)  
 Group Late Registration ..... \$12 (with T-shirt)

**T-shirt Sizes**

**Small o Medium o Large o X-Large o XX-Large o XXX-Large o**  
**Small o Medium o Large o X-Large o XX-Large o XXX-Large o**

Liability Waiver and Release: In consideration of acceptance of the entry, I, my heirs, personal representatives and assigns do hereby release the sponsors, race workers and officials of this race from any and all liability arising from illness, injuries, or other damages I may suffer as a result of participation in such event. I affirm that I am physically able and have sufficiently trained for participating in this event and I am aware that participation in this event could result in severe physical soreness or injury. I understand that the entry fee is non-refundable. Should race officials determine that completion of this event would be injurious to my health, I consent to being removed from the course and treated by the medical personnel in attendance or at their direction.

Date \_\_\_\_\_

Participant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_