

1st Annual  
Hatch Run Trail Trek  
6k Run/Walk

Date: 06/29/13

Registration from 8:00 am – 9:30 am

Race Starts at 10:00 am

Hosted by: The Warren County Conservation District

**Course:** Run through a variety of scenic hiking trails along Hatch Run, Simmons Run, Hardwood Forests, and Farm Fields. All located on the picturesque Hatch Run Conservation Demonstration Area.

**Entry Fee:**

**Early Registration:**

\$15.00 if received by 05/24/13

**Guaranteed a commemorative T-shirt**

**Late Registration:**

\$25.00 if received after 05/24/13

Commemorative T-shirt not guaranteed

**Awards:** 1<sup>st</sup> – 3<sup>rd</sup> place medals will be awarded to the top overall male & female runners.  
1<sup>st</sup> – 3<sup>rd</sup> place ribbons will be awarded to the top male & female runners in each age group.

**Information: Phone: 814-726-1441 or Email: [gkolenda@wccconservation.net](mailto:gkolenda@wccconservation.net)  
Additional Information is also available online at [www.wccconservation.net](http://www.wccconservation.net)**

## Hatch Run Trail Trek 6K Run/Walk Application Form

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Age Groups: (Circle One)

14 and under	15-19	20-29	30-39
40-49	50-59	60 and over	

T-shirt Size: (Circle One)

Adult:      Small      Med      Large      X-Large      XX-L

Waiver: I, the undersigned, hereby release the Warren County Conservation District (WCCD) and all sponsors, volunteers and other organizations involved with the Hatch Run Trail Trek 6K Run/Walk from any and all liability that may result from my participation. I additionally release any and all claims for losses and damages I might have against the abovementioned. I understand that participation in such events comes with potential risk and I have consulted with my doctor and determined that I am healthy enough to participate in such activities. I also agree that I have sufficiently trained for the completion of this event. In addition, I understand and agree that WCCD may use for publication my name, image, and/or results of me participating in this event without any obligation or liability to me.

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

Signature of Parent/Guardian: (If anyone on this application is under 18years of age, a parent or guardian must sign.) \_\_\_\_\_

Mail Application to: Warren County Conservation District  
210 North Drive, Suite E  
Warren, Pa 16365

Make checks Payable to: WCCD