

# LOUISA COUNTY 5K & FUN RUN

Don't miss out on the 2nd Annual Louisa 5K & Fun Run April 10! Get your family and friends of all ages together as we take to the streets. Both runs will begin and end in Walton Park in the town of Mineral. Race time is 9 am.



Experience a 5K course that winds through the streets of historic Mineral VA. From Walton Park out into the community over the gentle hills of this lovely town.

The Louisa 5K & Fun Run is a great way to get your friends and family together to enjoy the great outdoors, get some exercise, and support the Carnifax Fund. This fund is LCPR's scholarship program that assists children whose parents are unable to afford certain activities sponsored by LCPR.

**Each participant's registration in the Louisa County 5K and Fun Run will include:**

- LC5K T-Shirt  
(with Pre-Registration ONLY)
- Official LC5K Race Bib
- Water Stations along the course
- Post-race Refreshments

**Register Now!!**

Jan 1- March 31-\$20

April 1-April 8- \$25

Day of Event- \$30

Register online at [www.oeievents.com/lc5k](http://www.oeievents.com/lc5k)



**PARTICIPANT REGISTRATION FORM**  
**LOUISA COUNTY PARKS & RECREATION**  
 P.O. Box 864\Louisa, VA 23093 (540) 967-4420  
[www.lcpr.info](http://www.lcpr.info)



E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant Name		Birthdate	Male/ Female	Age	Program Name	Start Date	Fee
First	Last						
					LC 5k and Fun Run	4/10	

The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

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

\_\_\_\_\_  
Print Name - Parent/Guardian/Participant

\_\_\_\_\_  
Date