



# Wright County LETR 10K & 5K

for Special Olympics Minnesota

## WHAT

Join us for the family friendly Wright County LETR 10K & 5K fun run presented by Law Enforcement to benefit Special Olympics Minnesota. This annual event will support the more than 8,000 athletes of Special Olympics Minnesota. Your support helps to provide year-round sports training and competition to athletes across the state.

## WHEN

**Saturday, September 19, 2015**

Registration starts at 7:00 a.m.

10K & 5K start at 8 a.m.

## WHERE

**Law Enforcement Center**

3800 Braddock Ave NE

Buffalo, MN 55313

## REGISTRATION

To find out more visit [wrightcounty.kintera.org](http://wrightcounty.kintera.org).

Online registration closes Friday, September 18 at 11:30 p.m. You can also mail in the registration form below. Registration fees are included below. If you'd like, you can raise extra funds for Special Olympics Minnesota, earning additional prizes along the way.

## FEE FOR 10K

\$30

## FEE FOR 5K

\$25

## QUESTIONS? CONTACT:

**Molly Swanson**

[molly.swanson@somn.org](mailto:molly.swanson@somn.org)

612.604.1284

## BENEFITING



## PARTNERS



## REGISTRATION FORM — You can also register online! [wrightcounty.kintera.org](http://wrightcounty.kintera.org)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age (on race day): \_\_\_\_\_ Gender: M F

Phone: (\_\_\_\_) \_\_\_\_\_  10K Run/Walk  5K Run/Walk Shirt Size: S M L XL XXL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant email: \_\_\_\_\_ Participant fundraising goal: (optional) \_\_\_\_\_

**Waiver:** I understand that running a road race is a potentially dangerous activity. I do hereby waive and release any and all claims for damages that I may incur as a result of my participation in this against Wright County LETR 10K and 5K for Special Olympics Minnesota, all sponsors, employees, volunteers or officials of these organizations. I further certify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in Wright County LETR 10K and 5K for Special Olympics Minnesota I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian signature (if participant is under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Please mail entry form with payment (Make checks payable to Special Olympics Minnesota) to:  
Special Olympics Minnesota, ATTN.: Wright County LETR 10K & 5K, 100 Washington Avenue S, Suite 550, Minneapolis, MN 55401

