



**Proudly Present the**

***Second Annual***

**RUN WITH THE PANTHERS  
5K RUN/WALK & 1K CUB FUN RUN**

**Saturday, May 8, 2010**

**PRE-REGISTRATION (Before May 1, 2010):**

1K Cub Fun Run (12 & under) \$10.00  
5K Run/Walk \$20.00

**LATE REGISTRATION:**

1K Cub Fun Run (12 & under) \$15.00  
5K Run/Walk \$30.00

**YOUR CONTRIBUTION:** As a 501 (c)(3) non-profit corporation, your participation helps support our scholar athlete program and is tax deductible to the extent allowed by law. *A portion of the proceeds also benefit the CNUSD Junior Olympic Track Meet program.*

**AWARDS:** 5K awards will be given to the top three males & females in the following divisions: 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-23, 24-28, 29-33, 34-38, 39-43, 44-48, 49-53, 54-58, 59-63, 64-68, 69-73, 74-78, 79 & over. All children in the kids run will receive a panther tag.

**NEED MORE INFORMATION?**

Event Website: [www.runwiththepanthers.com](http://www.runwiththepanthers.com)  
Club Website: [www.coronapantherstrackclub.org](http://www.coronapantherstrackclub.org)  
Email: [Panthers5K@yahoo.com](mailto:Panthers5K@yahoo.com)  
Race Director: Jeremy Beck

**ENTRY FORM**

Make checks payable to "Corona Panthers TC" and mail form & check to: Panthers 5K, 2057 Santa Barbara Street, Corona, CA 92882

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

X \_\_\_\_\_  
Signature Required When Paying By Credit Card Print Name on Credit Card

**T-Shirt Size (Circle One):** YM YL S M L XL **Event Participating In (Circle One):** 5K Run, 5K Walk, or 1K Cub Fun Run

**WAIVER:** I hereby release Corona Panthers Track Club, County of Riverside, the City of Corona, The Promenade Shops at Dos Lagos, and all other sponsoring company(ies) or agency(ies) or individuals(s) involved in the event from responsibility for any injuries or damages I may suffer as a result of my participation in this event. I hereby consent to receive medical treatment which may be deemed advisable during this event and understand that I am solely responsible for all costs relating to medical transportation and/or evacuation. I grant full permission to any and all of the foregoing to use my name, voice, or picture in any broadcast, telecast, advertising, promotion, or other accounts of this event for any purpose whatsoever. As a participant, I certify that I am in good health to participate in this event and that all information provided in this form is true and correct. I understand that my registration is non-refundable/non-transferable. I have read, understand, and agree to the terms and conditions of this Waiver.

X \_\_\_\_\_  
Signature of Participant or Parent if under 18 Date