

29TH ANNUAL CLAYTON ROAD RACE



Part of the Eastern Carolina Corporate Race Series

SATURDAY, MAY 12, 2012



Sponsored by the Clayton Parks & Recreation Department

START TIME: 5K Race and 5K Health Walk (ages 7 & up) - 9am
.1 Mile Tot Trot (ages 6 & under) - 9:45am

START/FINISH: The 5K Race and Health Walk will start at The Clayton Center on Second Street and will finish at The Clayton Center on Horne Street (map of course on back). The .1 mile Tot Trot is open to children ages 6 and under and will start on Horne Street after the adult runners are in.

COURSE: A 5,000 meter (3.1 miles), TAC certified and sanctioned course with some hills through residential Clayton. Electronic timing. Split times at one and two miles. Water will be provided midway through the race and at the finish. See map.

REGISTRATION: Registration fee for the 5K Race and Health Walk is \$15 if postmarked by May 4 and \$20 if postmarked after May 4 and on race day. Tot Trot fee is \$5. Forms can be picked up and dropped off at the Clayton Parks & Recreation office.

RACE DAY: Package pickup and race day registration will be at The Clayton Center on Second Street from 8am until 8:30am.

T-SHIRTS: Guaranteed to all pre-registered 5K entrants returning entries by May 4 and available to all other entrants while supplies last.

AWARDS: 5K Race - Trophies to the top three overall male and female runners. No duplication of awards. Awards presented to the top three runners, male and female in each of the following age categories: 11 & under, 12-19, 20-29, 30-39, 40-49, 50 & over. **5K Health Walk** - Awards to the first three finishers. **Tot Trot** - Ribbons to all participants.

PARKING: Ample parking is available in the parking lot at the corner of Horne and Barbour Streets and Second and Fayetteville Streets (see map).

REFRESHMENTS: Provided by Access Physical Therapy & Wellness

ADDITIONAL INFORMATION: Contact Matt Lorion at 553-1554.

REGISTRATION FORM

CIRCLE EVENT: 5K Race 5K Health Walk .1 Mile Tot Trot

Circle T-Shirt Size: Adult Small Adult Med. Adult Large Adult X-Large

Name: _____ Sex: _____ Age on Race Day: _____ Date of Birth: _____

Address: _____ City _____ St _____ Zip _____

Email: _____ Phone: _____

Check if you are an Eastern Carolina Corporate Race Series Participant _____ Company _____

In consideration of acceptance of my entry, I do hereby, for myself, my heirs, executors, administrators, and assigns, waive, release, and forever discharge the Town of Clayton, the sponsors and any race personnel from any and all claims for damages suffered by me as the result of my participation in or traveling to or from the race.

Runner or Parent Signature _____ Date _____

Make check payable to: Town of Clayton

Mail to: Clayton Parks & Recreation Department, PO Box 879, Clayton, NC 27528