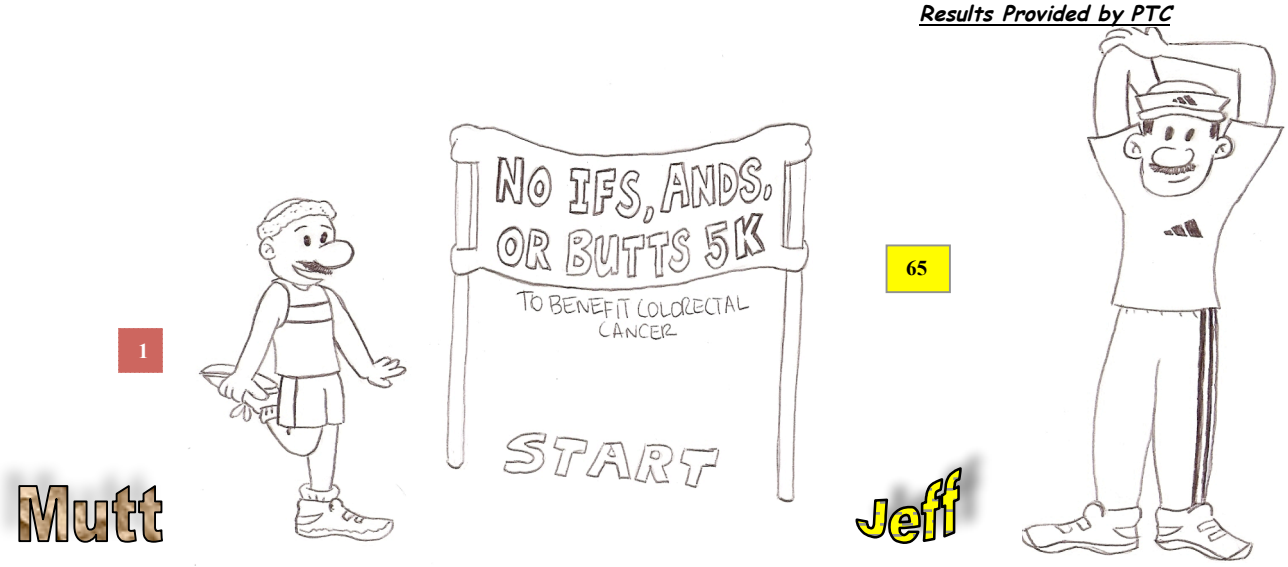
Mutt and Jeff's 5K
March 28, 2009
Oyster Point City Center

Results Provided by PTC



March is Colorectal Cancer Awareness Month

Race Information: ***Date: March 28, 2009***
5K Run will start at 8:30 am., Oyster Point City Center @Fountain
Race day registration & packet pickup 7:30 am to 8:15 am.

Proceeds to benefit:
All proceeds from race will be donated to the
Sentara Careplex Hospital Auxiliary Colorectal Cancer Fund.

Course:
Flat and fast and 100% asphalt road with
start and finish in view of the City Center Fountain

Entry Fees: (no PTC race passes accepted)
$15 pre-registration postmarked by March 14th
$20 race registration and postmarked after March 14th

Awards:
Top 3 Overall Male and Female
Top Male and Female Colorectal Cancer Survivor
Top 3 in each of the following age groups: 14 & under, 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60 and over

Directions:
From Williamsburg: Take I-64 E to Exit #256A (Oyster Pt.Blvd), Left on Canon Blvd, Right on Town Center Rd.
From Hampton: Take I-64 W to Exit #258A (J. Clyde Morris Blvd), Right on Diligence Dr, Right on Thimble Shoals, Right on Canon and Left on Town Center Rd.

Race Website: *http://muttandjeffs5k.homestead.com*

Sponsored by Sentara CarePlex Hospital Auxiliary

First Name: _____ MI: ____Last Name: _____ Age (on Race day) : ____ Date of Birth: ___ / ___ / ___

Street Address: _____ City: _____ State: _____ Zip: _____

Phone # : (____) _____ Email: _____ Gender (circle): M F PTC Member (circle): Y N

Contact / Send payment to:
Please make check payable to: Sentara Careplex Auxiliary

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete this run. I assume all risk associated with running in this event, including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and humidity, traffic and conditions of the road, all such risks known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Sentara Health Care, Sentara CarePlex Hospital and Auxiliary, Peninsula Track Club, City of Newport News, Oyster Point City Center, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purpose. This is a road race conducted under the rules of RRCA and USATF; it is not intended for individuals with headphones, baby strollers, dogs on leashes, skates or rollerblades. No partial or full refunds.

Runner's Signature _____ DATE _____/_____/_____

Signature of Parent / Guardian _____ DATE _____/_____/_____
(For runners under 18 years old)