Celebrate National Trails Day at
Historic St. Mary's City

5K Fun Run and Walk

Saturday, June 5, 2010, 8:00 a.m.

Meet at the HSMC Visitor Center, Historic St. Mary's City (Rosecroft Rd. off Route 5, 8 miles south of Lexington Park), 14 miles from Leonardtown. The course is a beautiful wooded trail on the banks of the St. Mary's River. The Fun Run and Walk is supported by the Chesapeake Bay Running Club.

The first forty registrants will receive a National Trails Day T-Shirt
Pre-registration by mail or in person is encouraged.
Registration fee is $15.00.
Race day registration begins at 7:00 a.m.
Send the form below to HSMC, P.O. Box 39, St. Mary's City, Md. 20686. Attn: Mary Alves
Make checks payable to the HSMC Foundation. Profits will support the trail system.
For more information, call 240-895-4964 or -4960.
Walkers Welcome!
There will be plenty of post-run snacks and drinks for all runners and volunteers.

National Trails Day Run

Saturday, June 5 at 8:00 A.M. Entry Fee: $15.00 checks payable to HSMC.
Send to HMSC, P.O. Box 39, St. Mary's City, MD 20686, Attn: Mary Alves.

Name _____ (Last) _____ (First)

Address _____

City _____ State ____ Zip _____

Phone ___-___-____ Gender M F

Race Day Use Only: _____ _____

Liability Waiver Must Be Signed

I assume entry into this race at my own risk and understand that running a road race is a potentially hazardous activity. In consideration of the acceptance of my entry, I, intending to be legally bound, hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for loss or damages I may have or hereafter accrue to me against the sponsors, Historic St. Mary's City, and any and all individuals and groups involved in the coordination and operation of the National Trails Day Run, their representatives, successors and assigns for any and all injuries suffered by me in the event, including those attributed to weather conditions or vehicles. I agree to abide by the decision and judgment of race officials regarding my removal from the race course for medical or other valid reasons which they determine to be in the best interests of a safe race for all runners. I attest and verify that I am physically fit and have trained for this race.

Signature (parent or guardian if under 18) _____ Date _____