



# Fall Foliage 5k / 10k

Oct. 20th, 2018  
1730 Airport Rd  
Centerville, IN

**TRALE RUN**  
Custom glass &  
beer / rootbeer  
fill for every finisher!



### Schedule

7:30am-8:45am Registration / Packet pickup  
9:00am Race Start

**Fees** \$20 (before 10/13) / \$25 (after 10/13 – race day)

For information, call (765) 855-3188 or visit  
[www.copeenvironmental.org](http://www.copeenvironmental.org)  
10K participants will receive WCC points see  
[www.wchallenge.org/fallfoliage.html](http://www.wchallenge.org/fallfoliage.html) for details

**Registration** Complete form below or at [www.wchallenge.org](http://www.wchallenge.org) or register online at [www.active.com](http://www.active.com)  
search “Cope Environmental Center”

**Course** The Fall Foliage course begins on trail, transitions to gravel, then quickly changes to a short stretch of paved road, finally the course moves back to narrower grass/mulch/hard packed trail. There are exposed roots and trip hazards; trail may be muddy if there is rain. 10K route will do two loops of 5K course.

**Awards** 5K Run/Walk 1<sup>st</sup> – 3<sup>rd</sup> overall male & female & 1<sup>st</sup> – 3<sup>rd</sup> male & female age group awards  
10K Run 1<sup>st</sup> – 3<sup>rd</sup> overall winners only



**WHITWATER  
VALLEY  
REHABILITATION**

## Cope Environmental Center Fall Foliage 5K/10K – Oct. 20, 2018

5K Run/Walk *select one*  
Pre-Reg. \$20 (\$25 after 10/13)

10K run  
Pre-Reg. \$20 (\$25 after 10/13)

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

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Male or Female (circle one)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*Pre-registration prices end at midnight Oct. 13  
Make all checks payable to: Cope Environmental Center or CEC  
Return to: Cope Environmental Center, 1730 Airport Rd., Centerville, IN 47330*

Please read and sign the waiver below  
**WAIVER:** I agree to waive release and discharge for myself and my heirs all claims for damages against Cope Environmental Center and any and all sponsors, employees, representatives and race officials, for any and all injuries resulting from my participation in this event. I assume all risks associated with any voluntary participation in this event. I verify and attest that I am physically fit and sufficiently trained for this event.  
Signature: (Parent/Guardian if under 18)

Date \_\_\_\_\_

(Internal use) Bib # \_\_\_\_\_