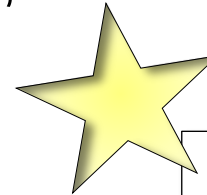




Ste. Genevieve County Community Center

# 4 MILE LEVEE LOOP

October 28<sup>th</sup>, 2017



Begins and Ends on  
Marina Road!

Join us for the fifth annual Ste. Genevieve County Community Center's 4 MILE LEVEE LOOP. This one-of-a-kind race lets you run on the levee!

- Time: 8:30am      FEES: \$20/\$25 after September 29<sup>th</sup>
- Register by September 29<sup>th</sup> to guarantee your long sleeve t-shirt size
- Race begins on Marina Rd, follows the levee to Hwy 61, onto St. Mary's Rd, back to Marina Rd.
  - Please be aware, there are no onsite restroom facilities.
- Directions: From I-55 Exit at MO-32. Turn Right at Ste. Genevieve Drive (at the stoplight). Turn Left at St. Mary's Road. At the stopsign, turn Right at Marina Road. Follow the road until you see us!
  - Packet Pick Up and Race Day Registration will begin at 7:45am on Marina Rd.
  - Awards will be awarded to the top three in various age groups.

**REGISTER ONLINE HERE:** <https://www.raceit.com/Register/?event=40703#>

OR registration accepted by mail or in person at : 21390 Hwy 32 Ste. Genevieve MO, 63670  
*Questions or want to volunteer? Call 573-883-5244, or visit [www.sgccc.com](http://www.sgccc.com)*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day: \_\_\_\_\_

Sex:  M  F      T-Shirt Size:(Circle One) AS AM AL AXL AXXL

Payment: \$20 \_\_\_\_\_ \$25 \_\_\_\_\_ (after Sept 29<sup>th</sup>) (Nonrefundable, checks payable to SGCCC)

I, the undersigned participant, on behalf of myself, my heirs, legates and assigns, hereby agree to indemnify, save and hold harmless the Ste. Genevieve County Community Center, Levee District #3 of Ste. Genevieve, Carl Wehner ETL, and City of Ste. Genevieve and any of their agents, representatives, employees or assigns, for my health, safety or injury and or disability arising out of or resulting from participation in this program. In the event of an injury and a parent/guardian cannot be reached I authorize the Community Center to obtain medical care. I also authorize any photos taken of myself, the participant, to be used in any promotional materials by the Community Center.

Signature (Parent's if under 18 years): \_\_\_\_\_ Date: \_\_\_\_\_