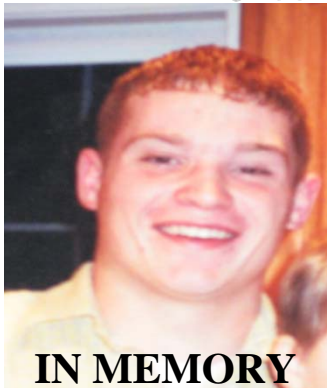


4th Annual Devin Kravitz Memorial 5K



IN MEMORY

Saturday of Labor Day Weekend,

September 4, 2010

Race begins Rain or Shine at 9:00 a.m.

5K Run/Walk Road Race

<http://DK5K.org>

This road race is a benefit in memory of Devin Kravitz.

Devin was an enthusiastic, outgoing 22-year-old who died suddenly in his sleep on October 25, 2006, from cardiac arrest due to Myocarditis, a heart condition of a viral origin.

He is survived by his son Austin Devin Kravitz, born May 30, 2007. Devin was very ecstatic about becoming a father. All net proceeds of the race will go to the American Heart Association, which will benefit research efforts to reduce death caused by Myocarditis.

FACT: 5 to 20% of all cases of sudden death in children and young adults are attributed to Myocarditis

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****NEW** Ages 12 and under Kids Events **NEW****

****NEW** Windbreakers will be given to the 1st winner of each age group **NEW****
1st 50 Adult Run Applicants will receive a FREE T-Shirt!

ENTRY FEE: \$15.00/Adults 18+ Non-Refundable
\$10.00/Seniors Non-Refundable
\$5.00/Ages 12-18 Non-Refundable
FREE Ages 12 and under

RACE LOCATION: Leicester Senior Center
40 Winslow Avenue
Leicester, Massachusetts

AWARDS: The 1st Winner of each Age group, determined on Race Day

REGISTRATION: Race day registration begins at
8:00 a.m. at the Leicester Senior Center
FREE Refreshments for participants!

COURSE: An out and back 3.1 miles "wheel measured" made up of mixed hill & flat roads.

COURSE LINK: <http://www.usatf.org/routes/view.asp?rID=138864>

.....**Cut Along Line and Mail with Entry Fee**.....

I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights claims for damages I may have against the Race Organization, any sponsors of the road race, the Town of Leicester, Leicester Police Dept. and its employees in their official capacity and individual capacities, Leicester EMT, Leicester Fire Dept., Central Mass Striders, RRCA, Leicester Senior Center, coordinating groups, and any individuals associated with this event. I attest that I am physically fit to compete in this event. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, video tapes, motion pictures, recordings, or any other record of this event for legitimate purpose.

Signature (Required): _____ Print Name: _____ Date: _____
Parents Signature Required if under 18 Years of Age

Name of Participant: _____ Age on Race Day: _____ Sex: Male _____ Female _____

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

Phone: _____ Email: _____

Race Entry Fee: \$ _____ Additional Donation Amount: \$ _____ Total Amount Enclosed: \$ _____

Check One: Run _____ Walk _____ T-Shirt Adult (Check One): Small _____ Medium _____ Large _____ Extra Large _____



Pay To: Central Mass Striders
Mail To: Central Mass Striders/Devin Kravitz Memorial 5K
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Contact: Email Stu at info@DK5K.org