



Gnardog Crossfit Fiesta Walk/Run

Saturday, October 8, 2022
Chip Timing by: Classic Timing and Event Management

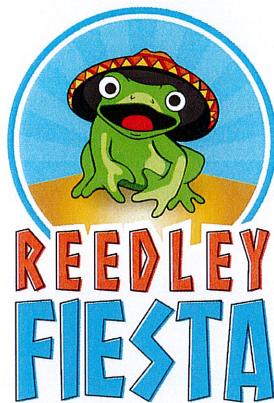


Races:

6 mile fun walk	6:55 am
Kids 1/8 mile Boys & Girls 5 & under	7:00 am
Kids 1/4 mile Girls 6-7	7:10 am
Kids 1/4 mile Boys 6-7	7:15 am
Kids 1/2 mile Girls 8-9	7:20 am
Kids 1/2 mile Boys 8-9	7:25 am
Kids 1/2 mile Boys and Girls 10-12	7:30 am
6 mile run & 2 mile fun run/walk	7:45 am

Kids Races In Memory of Rusty DeRuiter

All races will begin and end
in downtown Reedley on G and 10th Streets



PROCEEDS BENEFIT
REEDLEY PARKWAY

THANK YOU TO OUR SPONSORS:

Gnardog Crossfit
PRO-PT
Adventist Health
Kings Canyon Unified School District
Kiwanis Club of Reedley Sunrise
HMC Farms
Stephen & Glenna Penner
Sierra Kings Health Care District
Reedley Lumber
Pasteleria Plaza
Rogationists Fathers St. Anthony's Reedley
Reedley Lions Club

**Takes place rain or shine.
No refunds**

More info

Please Print Clearly

(Return this portion with registration—save top for race day details)

<input type="text"/>	<input type="text"/>	Gender : Male Female
Last Name	First Name	
Address	City, State, Zip	Age (on race day)
() Primary Phone Number	() Alternate Phone Number	
Email		

Mark your Event:

<input type="checkbox"/> Kids 1/8 mile Run (5 & under)	<input type="checkbox"/> 2 Mile Fun Walk
<input type="checkbox"/> Kids 1/4 mile Run (6-7)	<input type="checkbox"/> 2 Mile Fun Run
<input type="checkbox"/> Kids 1/2 mile Run (8-9)	<input type="checkbox"/> 6 Mile Fun Walk
<input type="checkbox"/> Kids 1/2 mile Run (10-12)	<input type="checkbox"/> 6 Mile Run (competitive)

CIRCLE CORRECT T-SHIRT SIZE

Youth:	S	M	L		
Adult:	S	M	L	XL	XXL

WAIVER MUST BE SIGNED OR FORM WILL BE REJECTED

I realize that no medical insurance is provided for the City of Reedley activities and agree to assume all risk for any injury related to participation or the participation of my dependent. I agree to make no claim against the City of Reedley or any of its officers, employees, or volunteers for any injury arising from this activity, however caused, including liability for negligence. I am (my dependent is) physically able to participate in this activity. I consent to any medical treatment I or my dependent needs while involved in this activity and I agree to pay for it.

Participant Signature (and/or Parent/Guardian if participant is under age 18)

Date

Office Use Only

Receipt # _____ Date: _____ Amount: _____ Cash / Check# _____ Rec'd from: _____