



9<sup>th</sup> ANNUAL 1/3 MARATHON & 6KM RUN

Sunday, October 4<sup>th</sup>, 2009

Rules and General Information



**RACE START**

The race starts at Deep River's Centennial Terrace at **2:00 pm SHARP**.

**RACE DAY CHECK-IN**

**ALL RUNNERS** must check in at the registration table before the race to receive a number.  
Sunday, October 4<sup>th</sup>, 1:00-1:45 pm Centennial Terrace.

**COURSE**

1/3 MARATHON: RUN east on Brockhouse Way, to Beach Ave., to Lasalle St., to Banting Dr., through the "D Loop" and part of "M Loop", through path parallel to McElligott Rd., path between Deep River Arena and Curling Club, connect with St. Mary's Lane, to Rutherford St., to Ridge Rd., to Avon Rd., connect with path at Grouse Park to Cemetary Rd., along ski hill path to Fermi Lane, to Lower Thomas St., to Pine Point Rd., to River Rd., to Brockshouse Way, and FINISH at Centennial Terrace.

6 KM: RUN east on Brockhouse Way, to Beach Ave., to Lasalle St., to Banting Dr., through the "D Loop", to Banting, to Lasalle, to Beach Ave., to Brockhouse Way, and FINISH at Centennial Terrace.

**AWARDS**

Awards will be presented upon completion of both races at Centennial Terrace.

**ENTRIES**

- \* Participants must be 14 years or older on race day for 1/3 Marathon
- \* Participants must be 11 years or older on race day for 6 km Run
- \* Completed form and fee of \$10.00 **must be received by 12 noon on Thursday, October 1<sup>st</sup>, 2009**

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DEEP RIVER 2009 REGISTRATION FORM  
(Please Complete all information in pen and print clearly)

CATEGORY : 1/3 MARATHON \_\_\_\_\_ 6KM \_\_\_\_\_ GENDER: M \_\_\_\_\_ F \_\_\_\_\_  
 Name \_\_\_\_\_ Box # \_\_\_\_\_  
 City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Age (On OCT 01/09) \_\_\_\_\_ D.O.B. Day \_\_\_\_\_ Mo \_\_\_\_\_ Yr \_\_\_\_\_

*Participants Signature\** \_\_\_\_\_

\* My signature indicates I hereby release The Corporation of The Town of Deep River, the members or agents and any person officially connected with this race, from all liability for any injuries or damages whatsoever arising from any participation in, or presence at, this event. I am aware of the risk involved of possible injury to myself in this type of activity.

*Parent's or Guardians Signature*  
\_\_\_\_\_

(Required if participant is under 18 years of age)

\* Competitors wishing confirmation should call the Recreation Department, Christine Armstrong, (613) 584-2000 x 103 or fax (613) 584-3237 E-mail carmstrong@deeperiver.ca  
Mailing address is: Town of Deep River, Recreation Department, Box 400, Deep River, ON, K0J 1P0