Clendenin Riverview 5K Run/Walk

Registration Form

Clendenin City Hall, Saturday September 28, 2013

Registration 8-8:50 AM, Run 9 AM Walk 9:10 AM

Course Information: Begins and ends at Clendenin City Hall

Contact: Kc Lovin or Christy Cayton Ahealthyclendenin@cchcwv.com
Awards and Age Groups: Top 3 each age division/Open Division Top 3 Males/Females

Name: _____

_____ Male _____Female Age on day of race _____

Address: _____

City:_____ ST_____

Phone: _____ e-mail:_____

Emergency Contact_____
(Required) (Name and Relation)

Emergency Contact Phone: _____

Waiver and Release of Liability Statement

Please carefully read the following Waiver and Release of Liability statement, then sign your signature.
Minors under the age of 18 MUST have signature of their legal guardian for participation in this event. In return for permission by "AHealthyClendenin" to participate in the 5K Run/Walk, I release "AHealthyClendenin", its members, volunteers, sponsors, donors and any other participant from any claim for injury or loss that occurs to me, my child, my ward or anyone else on whose behalf I am signing the form. In addition, I attest and verify that I am or the participant for whom I am signing is physically fit and have/has sufficiently trained for this event. I give permission to "AHealthyClendenin" to use any photo, video footage, etc., that is taken during this event for use in future promotional materials.

Signature: _____Date: _____

Fee**: $5 age 8y-18y $15 age 19y and up,** *postmarked after 9/15/2013* ***$20***
Fee waived for CCHS CAP

Check T Shirt Size: ____ Small, ____ Medium, ____ Large, _____ XL (all adult)

T-Shirts guaranteed to first 50 registrants

Mail Form and entry fee to:

"AHealthyClendenin" PO Box 45, Clendenin WV 25045