

Tinbridge Hill 5K and Youth Fun Run Registration

Please complete the following information:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE ____/____/____ AGE ON RACE DAY _____

SCHOOL YOU ARE ATTENDING _____

RACE (circle one) YOUTH 5K SEX (circle one) M F

SHIRT SIZE (circle one) ADULT S M L XL YOUTH YS YM YL

PHONE NO. _____ EMAIL _____

(Used for race notices only)

ENTRY FEE: (\$15-5K, \$20-race day, \$10-Youth Race) (Current, dues-paying Lynchburg Road Runners in good standing may deduct \$2 from entry fee)

\$ _____ Donation
for Yoder Community Center

Total amount enclosed \$ _____

Make checks payable to: Tinbridge Hill 5K

Mail entry with payment to:

Riverside Runners

2301 Rivermont Ave · Lynchburg, VA 24503

**Spaghetti Supper for Youth Runners
and Special Guests**

Number planning to attend _____

(Green offering at the door)

WAIVER (must be signed):

I know that running a road race is a potentially hazardous activity. I should not and will not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Lynchburg Road Runners, the City of Lynchburg and all of its divisions, including, but not limited to its Police and Parks and Recreation Departments, St. John's Episcopal Church, the Old City Cemetery, the Yoder Center, Tinbridge Hill Neighborhood Council and all other sponsors not herein expressly named, their staffs and all volunteers and sponsors associated with the Tinbridge Hill 5K Run For the Roses, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though the liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I agree to abide by all terms and conditions of this application.

Signature (Guardian if under 18) _____

Date _____

