23nd Annual Dr. John A. Stephenson Memorial Youth Run



Saturday, October 19th, 9:00AM (RAIN OR SHINE) Riverside Park, Lynchburg, VA

COURSES: Gently rolling courses winding through Riverside Park on Rivermont Avenue.

AGE GROUPS (boys & girls): 3-under (1/8 mi); 4-5 (1/4 mi); 6-7 (1/2 mi); 8-9 (1 mi); 10-11 (1 mi); 12-13 (1 mi)

AWARDS: Top 3 overall boys and girls and the top 3 boys and girls in each age group; trophies to all finishers.

PARKING: Riverside Park, closed to ALL vehicular traffic (9AM to 10:45AM). Please park on Rivermont Ave.

RACE INFORMATION: Go to www.riversiderunners.com (for a printable application) or call 434-846-7449.

PACKET PICK UP: Fri. Oct. 18th at Riverside Runners from 1-6PM and race day 8-8:45AM, Riverside Park.

ENTRY LIMIT: 50 participants per gender per age group.

ENTRY FEE: \$15.00 paper application or **\$12 online registration!**

REGISTER ONLINE: @ www.riversiderunners.com

NO RACE DAY REGISTRATION!!! Entry fees are non-refundable and non-transferable.

CHECKS PAYABLE TO: LRRC - Dr. John A. Stephenson Youth Run

MAIL TO: Riverside Runners (JAS Youth Run), 2480 Rivermont Avenue, Lynchburg, VA 24503

| Dr. John A. Stephenson Youth Run Registration Form | | ONE FORM PER RUNNER PLEASE! | | |
|--|--------------------------------------|-----------------------------|-----|--|
| LAST NAME | FIRST NAME | PHONE # | | |
| STREET ADRESS | CITY | STATE | ZIP | |
| PARENT EMAIL ADDRE | SS (For next year's application to b | ne sent to you!) | | |

AGE RACE DAY ___ GENDER ___ T-SHIRT SIZE (circle one): Youth: S M L Adult: S M L XL *Please postmark by 10/1 to guarantee application! T-shirts guaranteed to runners registered by 10/5!

WAIVER (Must be signed by parent or guardian)

I know that running a road race is a potentially hazardous activity. I should not enter my child to run unless they are 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 the 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 Roadrunners, the City of Lynchburg and all sponsors, 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 this waiver.

Signature of Parent or Guardian

Date



Dr. John A. Stephenson Memorial Youth Run 2480 Rivermont Avenue Lynchburg, VA 24503