

Knights on a Quest 5K/1 Mile Run

James River State Park
751 Park Road, Gladstone, VA 24553

REGISTRATION FORM One entry form per person

SAVE TIME & MONEY, REGISTER ONLINE: WWW.RIVERSIDERUNNERS.COM

Event (Circle one): One Mile Run (\$15) 5K Run (\$20 online/\$25 paper) 5K Walk (\$25 paper / \$20 Online)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ E-mail address: _____

Male _____ Female _____ Age on Race Day _____

T-Shirt: Youth Small ___ Youth Med. ___ Youth Large ___ Small ___ Medium ___ Large ___ XL ___

*Registrations are nonrefundable and non transferable // School Employees with valid id \$15 for Run/Walk, \$10 for one mile fun run
Registration on Race Day is \$30. // **MAKE CHECKS PAYABLE TO BUCKINGHAM ELEMENTARY SCHOOL***

Start/Finish: 5K 9:00am James River State Park || Fun Run (to follow 5k)

Packet Pickup: Fri. 5/9, 2-6pm, Buckingham Elementary School 40 Frank Harris Rd. Dillwyn, VA 23936
Race Day 5/10, 7:30-8:45am, James River State Park, 751 Park Rd, Gladstone, VA 24553

Awards: 5k Run, Top 3 M/F, Top 3 M/F Age Group, (12 and under,13-19, 20-29,30-39,40-49,50-59, 60+)
5k Walk/Fun Run, each finisher receives a participation ribbon

Indemnification, Hold Harmless, Assumption of Risk and Waiver

I agree to indemnify, defend and hold harmless, Buckingham, Buckingham Public Schools, and their officers, agents, and employees and all sponsors (Hereinafter collectively referred to as **Knights on a Quest 5K Run/Walk/1 Mile Run** from any claims, dangers, and actions of any kind or nature, whether at law or in equity, arising from my participation in the **Knights on a Quest 5K Run/Walk/1 Mile Run**. I realize that my participation in this activity involves risk of injury, including but not limited to falls, being struck or colliding with other participants, spectators and/or vehicles, the effects of weather (including high heat, humidity or freezing temperatures), the conditions of the course/terrain and which may result in tendonitis, strains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, eye damage, and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every individual injury risk. By signing this form I desire, consent and voluntarily choose to take part in all such activities. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that Buckingham or any of its officers, agents, and employees conducting such activities will not be responsible for any damages or injuries resulting to me. Furthermore, I acknowledge that I have been given a physician's permission to participate in physical activity or that I have decided to participate in physical activity without the approval of a physician.

I hereby give my permission for the Buckingham staff to seek appropriate medical attention for me should I be unable to authorize it myself. I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and Buckingham will not be responsible for any related expenses.

I therefore release any and all rights or claims for damages against Buckingham and all individuals assisting in instructing and conducting these activities, for any and all injuries, loss or damage suffered by my participation, or in any way connected with, these activities.



By signing below, I signify agreement to all the terms and releases stated on this registration form.

Signature of Participant: _____ Date: _____

(If under 18, parent/guardian signature)