

Farmville Fire Department Auxiliary

Stop, Drop, 'N Roll 5K Run and 1 Mile Family Fun Run/Walk

Saturday March 22, 2014 9am

First 50 Participants for the 5K Run are guaranteed a T-Shirt

5K Race Description: The 5K Race will take place on High Bridge Trail. Runners will complete a scenic, flat course. Timing and scoring of the 5K Run will be provided by Riverside Runners. Medals will be given to the top 3 females and top 3 males. **CASH prizes** will be awarded to the top male and female runners in the 5K race. The 1 Mile Walk/Run will begin after the conclusion of the 5K Run.

One Application Per Entry

PLEASE PRINT

Event (Circle One) 5K 1 Mile Fun Run/Walk 1 Mile Fun Run/Walk FAMILY

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Phone: _____

Age as of race date: _____ Gender (Circle one): M or F

5K runners T-shirt Size (Circle one): S M L XL XXL

Emergency Contact NAME: _____ Emergency Contact Phone: _____

If participating in 1 Mile Walk with Multiple Members please list names and ages as of race day below:

Last Name: _____ First Name: _____ Gender: _____ Age: _____

Last Name: _____ First Name: _____ Gender: _____ Age: _____

Last Name: _____ First Name: _____ Gender: _____ Age: _____

Last Name: _____ First Name: _____ Gender: _____ Age: _____

Last Name: _____ First Name: _____ Gender: _____ Age: _____

Early Registration Deadline: March 14, 2014

Entry Fee: 5K Run \$20.00/\$15.00 for Children up to age 16
 1Mile Fun/Run Walk: \$20.00 for a family of up to 6
 1 Mile Fun Run/Walk: \$10.00 for individual
 \$25.00 Same day registration

**Please make checks payable to Farmville Fire Department Auxiliary

**Please mail registration forms to PO Box 241 Farmville, VA 23901 or drop off at the Fire Department between 8am-4pm Monday-Friday

**If you have any questions please email us at farmvillefireauxillary@gmail.com

WAIVER RELEASE

I hereby certify the following: I am physically fit and have received medical clearance to participate in the Stop, Drop, 'N Roll 5K Run/Walk on March 22, 2014. If I do participate, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees, from any and all claims that may occur as a result of my participation. I further hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Stop, Drop, N' Roll 5K Race/Walk, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Participant Name

Participant Signature

Parent/Legal Guardian Signature if under 18

Date

Office Use Only:

Cash: _____ Check: _____ Check Number: _____ Amount: _____

Participant Number: _____