

WASHINGTON COUNTY RECREATION DEPARTMENT

SCHOOLHOUSE 5-K ROAD RACE AND KIDS MILE

SATURDAY AUGUST 14, 2010 - 8:30 AM

DIRECTIONS: FIVE (5) MILES SOUTHEAST OF ABINGDON. TAKE EXIT 19 OF I-81 TO RT. 58 EAST - RT. 58 TOWARD DAMASCUS FOR FOUR (4) MILES - TURN RIGHT ON RT. 708 (BETHEL RD) FOR 1/2 MILE. THE SCHOOLHOUSE IS ON YOUR LEFT.

ENTRY FEES: BEFORE AUGUST 7 - 5K - \$13.00 KIDS MILE - \$10.00
DAY OF RACE - 5K - \$15.00 KIDS MILE - \$12.00
S.O.F.T.C. MEMBERS - \$1.00 DISCOUNT

SAME DAY WALK ON REGISTRATION WILL BEGIN AT 7:15 A.M. KIDS MILE BEGINS AT 8:15 AM, WITH THE 5-K FOLLOWING IMMEDIATELY AFTERWARDS. T-SHIRTS WILL BE AWARDED TO ALL ENTRANTS, AND TROPHIES WILL BE AWARDED TO THE TOP 3 OVERALL, MASTERS (AGES 40 - 49) GRAND MASTERS (AGES 50-59), AND SENIOR GRAND MASTERS (AGES 60+) CHAMPIONS, AS WELL AS AWARDS FOR THE TOP 3 AGE GROUP FINISHERS.

PARTICIPATION MEDALS WILL BE AWARDED TO THE TOP 25 IN THE KIDS MILE.

THIS YEARS RACE WILL BENEFIT THE LAUREN ELIZABETH COLE MEMORIAL SCHOLARSHIP ENDOWMENT FOR PARKS AND RECREATION

ENTRY FORM

NAME: _____ AGE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____

AGE GROUP (5K ONLY) **PLEASE CIRCLE APPROPRIATE CATEGORY**

MALE:
14-UNDER 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70+

FEMALE:
14-UNDER 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70+

KIDS MILE (ALL PARTICIPANTS) _____

WAIVER

I CERTIFY THAT I AM IN GOOD PHYSICAL CONDITION AND UNDERSTAND THE RISK INVOLVED IN MY PARTICIPATION IN THE WASHINGTON COUNTY RECREATION DEPARTMENT'S SCHOOLHOUSE 5-K ROAD RACE AND / OR 1 MILE KIDS RUN. I HEREBY RELEASE AND HOLD HARMLESS THE WASHINGTON COUNTY RECREATION DEPARTMENT, ALL SPONSORS, VOLUNTEERS, AND ANYONE ELSE ASSOCIATED WITH THE EVENT, WHETHER DIRECTLY OR INDIRECTLY, FOR ANY AND ALL LIABILITY AS TO ANY RIGHT OF ACTION THAT MAY ACCRUE TO EITHER THE UNDERSIGNED OR HIS / HER HEIRS OR PERSONAL REPRESENTATIVES FOR ANY INJURY, LOSS OF LIFE OR LOSS OF, OR DAMAGE TO, PROPERTY.

SIGNATURE OF COMPETITOR: _____

IF UNDER 18, SIGNATURE OF PARENT: _____

MAIL OR DELIVER ENTRY FORM TO :

***WASHINGTON COUNTY RECREATION DEPT.
205 ACADEMY DRIVE
ABINGDON, VA 24210***

***PHONE: (276) 525-1385
E-MAIL: kowens@washcova.com***