

Family Fun Water Gun Run (& Walk!)

Salt Trail starting at:
Saltville Medical Center
308 West Main Street
Saltville, VA 24370

Registration Form

AUGUST 18, 2018
8:00am - Registration Begins
9:00am - 5k Begins
(276) 496-4492

Pre-Registration: \$20 - 5K Run/Walk
(ends 8/3/18) FREE - (Age 10 & under)

Regular Registration: \$25 - 5K Run/Walk
FREE - (Age 10 & under)

T-SHIRT INFO: One paid registration comes with ONE free t-shirt. Additional t-shirts can be ordered for \$20 each. Please circle the size of your free t-shirt at the bottom of this form. For additional t-shirts, please write the quantity beside the correct size(s). T-shirt orders must be RECEIVED BEFORE AUGUST 3RD

Make checks payable to: Southwest Virginia Community Health Systems

Email form to:
events@svchs.com

Drop-off form by:
Corporate Headquarters
319 Fifth Ave, Saltville, VA 24370

Rain or Shine Event

Bring your own water gun (For safety reasons - it must be obvious that the water gun is a TOY.)

Cash prizes awarded based on participation. (Spread the word to all your family and friends!)

Only those pre-registered are guaranteed race shirts

Strollers ARE allowed. Keep in mind, you WILL get wet.

Southwest Virginia Community Health Systems hosts

FAMILY FUN WATER GUN RUN (& WALK!)

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

SEX: _____ D.O.B. _____ AGE ON RACE DAY: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

RACE DAY EMERGENCY CONTACT (NAME & PHONE): _____

CHILDREN? (Y/N?) _____ NAME & AGES: _____

*****FREE SHIRT SIZE (circle one):** SM, MD, LG, XL, XXL

*****ADDITIONAL SHIRTS:** YS____, YM____, YL____, YXL____, SM____, MD____, LG____, XL____, XXL____

IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE FOREVER ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS AND SPONSORS OF THIS EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE DEMANDS, AND ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO AND FROM AND MY PARTICIPATION IN SAID RACE. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT. IN FILLING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND MY OWN LIABILITY AND ABILITY.

SIGNATURE: _____ DATE: _____ (Parent signature if under age of 18)