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| ☐ **Paid** ☐ **Unpaid**  | **Date: / /**  | **Staff Name:**  |
| **\*\* THE FIRST 100 TO REGISTER WILL GET AN EVENT T-SHIRT \*\***  |
| **Personal Information**  |
| **Full Name:**  | **DOB:**  |
| **Address: Apartment#**  | ☐ **Male** ☐ **Female**  |
| **City:**  | **State:**  | **Zip Code:**  |
| **Home Phone #:**  | **Cell Phone #:**  | **Age:**  |
| **Email:**  |
| **T-Shirt Size (*Circle One*): S M L XL 2XL 3XL**  |
| **Emergency Contact:**  | **Phone #:**  |
| **Child’s Name:**  | **DOB:**  |
| **T-Shirt Size (*Circle One*): YS YM AS AM AL AXL**  | **Age:**  |
| **Child’s Name: DOB:**  |
| **T-Shirt Size (*Circle One*): YS YM AS AM AL AXL**  | **Age:**  |
| **Fees**  |
| **Early Registration:**  | **Adult (≥18): $20.00**  | **Youth (≤17): $10.00**  |
| **Race Day Registration:**  | **Adult (≥18): $25.00**  | **Youth (≤17): $15.00**  |
| **Total Paid: $ MAKE CHECKS PAYABLE TO: CITY OF BLUEFIELD**  |
| **Race Details**  |
|  The race will be held on **August 19th @ 9:00 a.m.** Race Day Registration and check-in will **start at 7:00 a.m**. at the Chamber of Commerce of the Two Virginias. The starting line will be at the clock located at 619 Bland Street, Bluefield, WV. The course will continue down Bluefield Avenue into Bluefield, Virginia. **For more information call (304) 325-5707.**  |
| **Waiver**  |
| In consideration of me and/or my minor child/children being permitted to participate in the Two Virginias 5K Challenge, I hereby waive, release, and discharge for myself, my heirs, executors, administrators, legal representative (including successors), any and all rights and/or claims that may be sustained by me directly or indirectly arising out of my participation in the Two Virginias 5K Challenge. I attest I am physically fit and have sufficiently trained for this event and I am aware that participating in the event could, in some circumstances, result in some physical soreness or injury. I also give permission for the free use of my name and picture in any broadcast/telecast/print accounts of the event. I understand that my paid entry fee is non-refundable.  |
| Signature:  | Date:  |

