



Fireworks 5K Trail Walk/Run

Saturday, July 14, 2018 @ 9 a.m.

Stonewall Resort, Roanoke WV

Return to R. McIntyre-Nicholson, SJMH, 230 Hospital Plaza, Weston, WV 26452

Please make checks payable to SJMH Wellness Committee

Complete this form and sign the waiver. (PLEASE PRINT)

5K Run 5K Walk Date of Birth: (mm/dd/yy) _____ Age: _____

Gender M F

Last Name: _____ First Name: _____ Middle: _____

Address: _____

Phone: _____ Email: _____

(Email used for sending race information only)

VOLUNTEERS

I am participating, and would like more information on volunteering before and after the race.

I am unable to participate, but would like to be a volunteer.

WAIVER: I know that running or walking a trail race is a potentially hazardous event, and I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this event, including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic, the conditions of the road, flora and fauna risks, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Stonewall Jackson Memorial Hospital Company, Lewis County, WV, and Stonewall Resort for the Fireworks 5K Train Walk/Run, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of a negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, records and any other record of this event for any legitimate purpose. Race will be held regardless of weather conditions. Registration is final, no refunds.

SIGNATURE of ENTRANT (Guardian if under 18) and date

(Signature) _____ (Date) _____

Registration Fee: \$10 paid

\$15 on race day paid