

OFFICIAL ENTRY FORM
RURAL RETREAT HISTORICAL SOCIETY
5K PEPPER RUN / WALK

First Name _____ Last Name _____

Age as of Oct. 1st _____ Date of Birth _____

Address _____

Email Address _____

Phone Number _____

In case of Emergency info. Name _____, Phone Number _____

Return form to Rural Retreat Historical Society, P.O. Box 477, Rural Retreat, VA 24368

Make checks payable to Rural Retreat Historical Society

T- Shirt size (circle one) S M L XL

PARTICIPANTS RELEASE:
PLEASE READ AND SIGN
MUST BE COMPLETE TO COMPETE

I know that participating in a race is potentially a hazardous activity. I should not enter and run/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/walk. If as a result of my participation in this event, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as is deemed necessary by said personnel. In consideration for accepting entry in this race I for myself, my heirs, executors and administrators, waive and release forever and all rights and claims for damages I may have against the organization and sponsors of the event. I also release the above named for claims of damage demands, and action 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 grant permission to all foregoing use of photographs, motion pictures, recordings or any other record of my participation in this event for legitimate purpose.

Signature of Participant

Date

Signature of Parent (if participant under age 18)

Date