



# MARTINSVILLE

## HALF MARATHON & 5K

<b>When:</b>	March 24 <sup>th</sup>		
<b>Start/Finish</b>	3 Starling Ave, Martinsville VA 24112		
<b>Time:</b>	Half Marathon	8:00am	
	5K	8:00am	
<b>www.MartinsvilleHalfMarathon.com</b>			

**Presented By:**



**Memorial Hospital**  
**of Martinsville & Henry County**  
*A part of your community. A part of your life.*

Send completed form and check to:

Family YMCA 3 Starling Ave Martinsville, VA 24112
---

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age (as of race day) \_\_\_\_\_ Male/ Female (circle one) Clydesdale (200#) Athena (145#)

**ENTER YOUR EMPLOYER'S COMPANY NAME TO PARTICIPATE IN THE CORPORATE CHALLENGE**

Company Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

I am entering	Before January 15 <sup>th</sup>	Jan. 15 <sup>th</sup> - March 1 <sup>st</sup>	After March 1 <sup>st</sup>
---------------	---------------------------------	---	-----------------------------

<input type="checkbox"/> Half Marathon	\$35	\$40	\$45
--	------	------	------

<input type="checkbox"/> 5K Run	\$15	\$20	\$25
---------------------------------	------	------	------

**No shirt guarantee after March 1<sup>st</sup>**  
**No mail in registration after March 10<sup>th</sup>**

Shirt Size \_\_\_S\_\_\_M\_\_\_L\_\_\_XL\_\_\_XXL (shirts are gender specific)

Waiver: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Martinsville Half Marathon and 5K Race, and do hereby release the Family YMCA, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may refuse or return my entry at its discretion. I HAVE NOTED ANY MEDICAL CONDITIONS on the reverse side of this form. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event.

Entry Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature (required of entrants under 18) \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone: \_\_\_\_\_