

Directions

From South— Follow 29 N to US-58E/ Danville EXPY toward Lynchburg/South Boston, exit right onto River Park Drive, bear right off exit, at stop sign take right on Stinson Drive, take first left and follow to lower parking lot.

From North— Follow 29S, exit right onto River Park Drive, turn left at exit onto River Park Drive, follow until stop sign take right on Stinson Drive, take first left and follow to lower parking lot.

From West— Follow 58E, Merge onto US-58 E/ Danville EXPY toward Greensboro/ South Boston, exit right onto River Park Drive, bear right on exit, at stop sign take right on Stinson Drive, take first left and follow to lower parking lot.

From East— Follow 58W, merge onto US-58W/Danville EXPY toward Greensboro/ Martinsville, exit right onto River Park Drive, turn left on River Park Drive continue, turn right at stop sign on Stinson Drive, take first left and follow to bottom parking lot.

SPONSORS



Event Title Sponsor



Event Contributors



Meal Sponsor



Danville Parks and
Recreation Presents

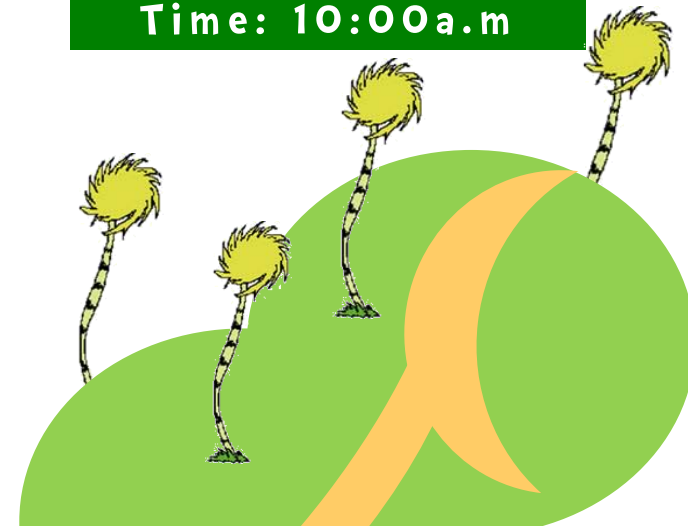
5th Annual



5K, 10K & Half Marathon

Date: 03/9/2013

Time: 10:00a.m



REGISTRATION FORM

Please Print

Name _____

Address _____

City _____ ST _____ ZIP _____

Phone: (____) _____

E-Mail _____

DOB _____ Age as of Today _____

5K _____ 10K _____ Half _____

Sex: M F Shirt Size: S M L XL

FEES:

Pre-Register by 3/8/13– 5K- \$20

10K- \$25, Half-Marathon- \$30

** Add \$5 day of event registration **

Make Checks payable to:

City of Danville

Day of Event Cash only!!!

Pre-register over the phone

799-5215 or online at

www.danvilletrails.com

Mail checks and/or forms to:

ATTN: Outdoor Rec.

P.O Box 3300

Danville, VA 24543

Starting Times

Registration Opens– 8:30a.m

Registration Ends at 9:30a.m

Race Meeting– 10:15a.m

** Chip Timing** provided by The Brick

*Awards will begin as soon as top three finishers have finished in each category.

Age Groups

Female/Male groups– 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & UP.

Prizes and Awards

- Top Three Overall Fastest Male and Female
- Top finishers in each age group
- Dr. Seuss theme costume contest
- Teams of 6 or more entered into raffle for Low Ropes & Zip prize.

Information

Race Director– Brian Buchanan 434-799-5215

Email– buchabc@ci.danville.va.us

Assumption of Risk/Waiver of Claim

I, _____, wish to participate in the Green Legs and Hamstrings Trail Run program offered by the Danville Department of Parks and Recreation.

I understand that the above-mentioned program involves activity that can be both strenuous and physically demanding and could result in my being physically injured. Such injuries could include strained, sprained or torn muscles, ligaments and tendons, broken bones, head or back injuries, concussions and even loss of life. I understand that this is only a partial list of the injuries I might receive as the result of engaging in this activity.

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions and/or requirements.

Continued->

I understand that it is important that I be in good physical condition when I engage in this activity, and I understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and my transportation related thereto. I further understand there may be a risk of injury in traveling to and from the area where the activity will take place.

I also release the use of my name, image, or any record of my participation in the event for promotional or publicity purposes without obligation to me.

I also expressly waive and covenant not to sue on any claim I might have against the City of Danville or any officer or employee of the City of Danville, or any volunteer, or the estate or representatives of such person for any personal injury or loss I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract or otherwise; except that this waiver shall not apply to any claim I might have against the City of Danville or its agents for any such personal injury or loss I might sustain out of the gross or wanton negligence for any such person or entity.

PLEASE READ CAREFULLY BEFORE SIGNING

Signature of Participant

Date

Signature of Guardian

Date

I have the following physical impairments or medical conditions, including allergic reactions:

I grant permission to the trip leader to seek medical attention should the need arise and parent/next of kin cannot be reached by telephone.

Emergency Contact Information:

Name:

Address:

Phone:

Signature of Participant

Signature of Parent or Guardian
(if participant is Under Eighteen)