

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



Danville Parks,
Recreation and
Tourism & YMCA
Present

**Anglers Ridge Off
Road Trail Systems**

**TOE JAM
TRAIL SERIES**

Race #1– 5K
Sept. 17
Race #2– 10K
Oct. 1
Race #3– 15K
Oct. 15
Race #4– 20K
Oct. 29

REGISTRATION FORM

Please Print

Name _____

Address _____

City _____ ST _____ ZIP _____

Phone:(_____) _____

E-Mail _____

DOB _____

5K _____ 10K _____ 15K _____ 20K _____

SERIES _____

Sex: M F Shirt Size: S M L XL

FEES: \$15/event or \$50/series

Point System:

20 points per event for entering, 100 for all 4.

Points per event:

1st 500, 2nd 400, 3rd 300, 4th 200 & 5th 100

per age group.

1st 300, 2nd 200 & 3rd 100 for overall event.

Awards Presented at Final event Oct. 29

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.

Jason Bookheimer

P.O Box 3300

Danville, VA 24543

Starting Times

Registration Opens– 8:30a.m

Registration Ends at 9:30a.m

Race Start– 10:00a.m

Age Groups

Female/Male groups– 10-19, 20-29, 30-39, 40-49, 50-59, 60+.

Trophies and Awards

- **T-Shirts for participants whom participate in at least 3 of 4 events, distributed at final event.**
- **Top Three finishers in each age group**
- **Top Three Overall Series Finishers**

*****Awards are presented at final event based on series standings; not individual events.**

Information

Race Director– Jason Bookheimer 434-799-5215

- Wes Spivey 434-792-0621

Assumption of Risk/Waiver of Claim

I, _____, wish to participate in the Toe Jam Trail Series program offered by the Danville Department of Parks, Recreation and Tourism.

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.

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 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)