

REGISTRATION FORM

Please Print

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

DOB _____ Sex: M F

Shirt Size: S M L XL XXL

5K ____ 10K ____ Half ____

FEES

5K - \$20 10K - \$25 Half - \$30

Make Checks payable to:
City of Danville

If you plan to register on the day of the event: 7:30
a.m. - 8:30 a.m. - Cash only!

Preregister over the phone
799-5150 or Online at
www.playdanvilleva.com

Online registration ends Feb. 28 at midnight
Swag guaranteed if registration
is received by 5 p.m. on Feb. 21

Mail checks and/or forms to:
Parks and Recreation
ATTN: Kyle Autrey
P.O Box 3300
Danville, VA 24543

ASSUMPTION OF RISK/WAIVER

I, _____, wish to participate in the Sledge Trail Run 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.

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 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 race coordinator 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