

The 4th annual **Rockingham Pike 5 Miler**

Shenandoah Valley
Track Club



A SHENANDOAH VALLEY TRACK CLUB EVENT



A 'OLD FAT GUY' race Sat. September 11th

2010 9:00a.m 12572 Rockingham Pike

Just west of Elkton, Va on rt.981

Registration 800-8:45 am

Race is an out-n-back over "rolling" hills.

Entry fees: \$2:00 svtc members \$5:00 non member

Make checks payable to the Shenandoah Valley Track club

Send to: Jeff Campbell 12572 Rockingham Pike Elkton, Va 22827

Awards to the top male and female finisher and final finisher

Finisher Awards to all Finishers! Duh!

Refreshments provided

Additional info at: jc28sixx@yahoo.com or

jcrockandr28@aol.com

Track Club RELEASE FORM - 2010

**PLEASE READ BEFORE SIGNING. IT MUST BE SIGNED BY PARTICIPANT
(IF 18 OR OLDER) OR PARENT or GUARDIAN.**

I know that participation in a track meet or road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by meet/race rules and any decision of a meet or race official relative to my ability to safely complete an event.

I assume all risks associated with my participation in a track meet or road race including, but not limited to, falls, contact with other participants, and conditions of the track facility or road.

In consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Shenandoah Valley Track Club their officers, Eastern Mennonite University, the City of Harrisonburg, and all sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in a Shenandoah Valley Track Club meet, fun run, or road race.

I have read this release/waiver and understand it. I understand that insurance is required, and that details must be provided below in order for me to participate in long jump, high jump, shot put and/or field events.

Name _____

age _____

Signature _____

Date _____

E-mail _____

Under age 18 participants- Signature of parent or guardian

Required

Complete home

Address _____

City _____ **State** _____

Zip _____ **Phone** _____

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