



Luray Festival of Spring 5-K

Saturday May 10th, 2008 8:00 a.m.

Website www.luraydowntown.com

Phone (540) 843-4553

The 5-K kicks off the day long Festival of Spring celebration in Luray. There are a wide variety of events, activities and eating opportunities available.

Visit www.luraydowntown.com for more details.

The race is sponsored by the Luray Downtown Initiative and will benefit the Page Memorial Hospital Auxiliary.

Race Location: Lord Fairfax Community College Parking Lot, 334 North Hawksbill Street, Luray.

Rate Date: 5/10/08 **Race Start:** 8:00 a.m.

Race Cost: \$15 per participant (includes a free race t-shirt for first 50 entrants)

Make Checks payable to: PMH Auxiliary

Mail to: PMH, 200 Memorial Drive
Luray, VA 22835

Attn: Tammy Courtney

Registration and Packet Pick-up: Friday, May 9th at PMH Therapy & Fitness from 4-6 p.m. or race day from 7:00 a.m. – 7:30 a.m. at the race site.

FIRST NAME _____

LAST NAME _____

MIDDLE INITIAL _____

ADDRESS _____

CITY _____

STATE _____ **ZIP** _____

GENDER (M/F) ___ **AGE ON 5/10/08** _____

SHIRT SIZE M L XL

PHONE # () _____

E-MAIL _____

Age Groups: 13 & under, 14-19, 20-29, 30-39, 40-49, 50 & older

Awards: Overall top three and top runner in each age group.

I know that participating in a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all of the risks associated in competing in this event, including but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Luray Downtown Initiative, the 5-K race organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out

of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Entry fee will not be returned due to "Acts of God."

SIGNATURE _____

Date _____

PARENT SIGNATURE _____

(if under 18 years of age)

Date _____