

LIGHT UP THE NIGHT

5K Registration

St. Albans City Park

5k TRAIL GLOW RUN & WALK

Please print legibly; complete the entire entry form and mail to 1601 2nd Avenue, Charleston, WV 25387. More than one entry may be mailed together with the appropriate fees. Please

\$25 before 12/16 and to guarantee a t-shirt.

\$35 after 12/16



First & Last Name _____

Age on Race Day _____

() Male

() Female

Address: _____

City: _____

State/ZIP _____

Telephone: _____

Email: _____

Tshirt size

S

M

L

XL

Race Waiver: I, individually, (and or as a parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remiss, and waive Dementia Friendly St. Albans and the Alzheimer's Association, and any and all other supporting groups all liability, claims, demands, actions or cause of action whatsoever arising out of, or relating to any injury, illness, loss or damage. I further state I am in property physical condition to participate in this event. I also grant permission to this race use of any photographs, videotapes, motion picture, records and any other record of this event for any purpose. I also agree that all entry fees are non-refundable and that entry is non-transferrable. Thank you for participating.

Signature _____ Date _____

SEND COMPLETED ENTRY FORM AND PAYMENT TO: ALZHEIMER'S ASSOCIATION, WV CHAPTER

1601 2ND AVENUE | CHARLESTON, WV 25387 304.343.2717

