

RECOVERY



Walkfm • 5K • walkfm.org

Saturday, September 14th, 2019, 5K Run/Walk

Registration beings at 7am, Run begins at 8am

Course: This run will take place in Huntington's Beautiful Ritter Park. The course is flat and contains grass, gravel and street surfaces.

Registration: \$25 Pre-registration via tristateracer.com by September 7th (guaranteed shirt)
\$30 after September 7th or on day of event.
\$20 group rate (8 or more)

Awards: First, Second, and Third place overall male and female
First place overall in each age division male and female

Race Coordinator: Magan Staten

Email: magan@walkfm.org

Cut out and mail the official entry form below with check payable to Walk FM (5K in memo)

Walk FM
PO Box 2317
Ashland, KY 41105

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Age: _____ **DOB:** _____ **Male:** _____ **Female:** _____

T-Shirt Size (circle): S M L XL XXL 3X Youth S Youth M Youth L

Amount Paid: \$_____ (make checks payable to Walk FM with 5K on memo line)

WAIVER: I know running and/or walking in the Walk FM Encouraging Every Step to Recovery 5K is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risk associated with participating in the race, including but not limited to, falls, contact with other participants, the effects of the weather including heat and humidity, traffic and course conditions, all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release Walk FM, The City of Huntington, Tri State Racers, and all sponsors and representative supporters and assignees, from any and all injuries or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the person named in the waiver

Date: _____ **Signature of Entrant/Legal Guardian:** _____

