

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 call for group rates.

\$25 through June 13* to guarantee Race Day t-shirt.

\$35 June 14 - Race Day

First & Last Nam	e:					
Age on Race Day	/:[]U	nder 13 [] 1	3-18 []19-34	4 []35-50	[] 50+	[] Female
Address:						[] Male
City/State/Zip						
Telephone:						
Email:						
Tshirt size	S	М	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 City of Hurricane 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