

Ohio Valley Bank Ruck Walk (/event.php?RaceID=11434)		
Participant1 Information		
Same as		
Billing	Mail form to: Ohio Valley Bank	
First Name	Veterans Áction Committe-J.Cox PO Box 240	
	Gallipolis, OH 45631	
Last Name		
Address 1		
Address 2		
City		
State		
Postal Code		
Country		
UNITED STATES ~		
Cell Phone		

(For Results via Text)

Email
Gender
Birth Date
Select an Event
Shirt Size
Participant2 Information
Same as

First Name

Last Name

Address 1

Address 2

City

State

Postal Code

Country

UNITED STATES	
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Cell Phone

(For Results via Text)

Email

Gender

Birth Date



Select an Event

Shirt Size

Registration Information

Add a Donation \$	
Registration Type	Individual ~

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Mandatory Waiver & Release of Liability

I agree that I am releasing the service provider (www.tristateracer.com) from liability for injuries resulting from the ordinary negligence of the provider.

By clicking the Accept Waiver button below, I agree that I have read and accept the above waiver. I also agree that I am over 18 years of age OR the parent/legal guardian of a minor under 18 years of age OR the legal guardian of an incapacitated and/or mentally challenged person.