

Restore Your Sole 5K Run/Walk

Saturday, October 17, 2020
Virginia Creeper Trail, Green Spring Road, Abingdon, VA

8:00 AM Registration / 9:00 Race / Awards Following

Race to proceeds will benefit the Haven of Rest Rescue Mission and will help the homeless and hungry of the Mountain Empire.

Pre-registration: \$25 - 5K Run/Walk | **Regular** \$30 - 5K Run/Walk
(ends 9/30/2020) | **Registration:**

Make checks payable to: Haven of Rest Rescue Mission

Mail this form to: Haven of Rest Rescue Mission
624 Anderson Street
Bristol, TN 37620

Headphones are permitted on the course | Strollers are permitted on the course

For more info contact
Brian Plank / bplank@horbtn.org / 423-968-2011
Alice Beck / abeck@horbtn.org / 423-968-2011

**Restore Your Sole 5K Run/Walk
Male & Female Awards:**

Overall (top 3)
Age Groups (top 3)
...19,20-29,30-39,40-49,50-59,60...

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LAST NAME _____ FIRST NAME _____ M.I. _____

SEX ___ DATE OF BIRTH ___/___/___ AGE ON RACEDAY ___ E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____ - _____

RACE DAY EMERGENCY CONTACT (NAME AND PHONE) _____

*** **CIRCLE SHIRT SIZE:** SM, MD, LG, XL,

IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE FOREVER ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS AND SPONSORS OF THIS EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE DEMANDS, AND ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO AND FROM AND MY PARTICIPATION IN SAID RACE. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT. IN FILLING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND MY OWN LIABILITY AND ABILITY.

SIGNATURE _____ DATE ___/___/___ (Parent signature if under the age of 18)