3rd Annual CHS Alumni 5K Run/Walk Race Saturday April 25, 2015 at 9:00AM at Central High School 131 KV Road, Victoria, VA 23974 A Tribute to CHS Teachers, Faculty and Staff

ENTRY FORM

(PLFASE PRINT Clearly)

First Name:		Age at race time:
Sex: M F Phone:	Address:	City:
State: Zip:	Email Address:	
Are you a Central Gradua	te? Yes No If	YES, what class: Are you registering as a
member of a team? YES	S NO. If YES, what is	the name of your team?
Are you a former or curre	ent CHS teacher, faculty o	or staff? Yes NO. If yes, how many years? Would
		circle T-shirt size S M L XL XXL XXXL.
		25 afterwards. If you are a former or current CHS teacher ,
		High School, Middle School or Elementary School student your
		i Scholarship Foundation. Send entry form along with check
		4. You may register day of race up until 8:30AM. Doors open at
		up their Race Packets Friday from 5:00PM to 7:00PM in the school
		iday after school in the cafeteria. Out of town participants may
		Intil 8:30AM in front of the school near the flag pole. T-Shirts ar irst come first served while supplies last. Previous year t-shirts
		male and female 1st 2nd and 3rd place finishers by age groups -
		5- 55, 56-65 and over 65. We will also award the top 3 overal
male and female winners.	3, 20 20, 20 00, 00 10, 10	o oo, oo oo ana over oo. We will also awara the top o overal
WAIVER, RELEASE, AND	INDEMNITY AGREEME	NT
		tivity. I should not enter and run unless I am medically able and properly
trained. I agree to abide by any	decision of a race official relat	tive to my ability to safely complete the run. I assume all risks associated
		ntact with other participants, the effects of the weather, including high hea
		isks being known and appreciated by me. Having read this waiver and
		ny entry, I, for myself and anyone entitled to act on my behalf, waive and urg Alumni Scholarship Foundation and all other sponsors, their
		f any kind arising out of my participation in this event, even though that
		rt of the persons named in this waiver. I grant permission to all of the
foregoing to use any photograp	ohs, motion pictures, recording	gs or any other record (name, address or email) of this event for any
		of USATF. In consideration of the safety of all participants, NO baby joggers
		e allowed. These materials and activity described herein are not
sponsored or endorsed by the	Lunenburg County School Boa	ra
SIGNATURE:		DATE:
PARENT/GUARDIAN SIG	NATURE (IF UNDER 18)	
	(11 01.22K 10)	
Proceeds go to help support the	ne CHS Alumni Scholarship	Foundation. Thank you for your support and participation.
	See	you at the race. Bring a friend.

