



ROTARY CLUB of NEW MARKET
 New Market VA and Beyond **5K Virtual Run or Walk**

Make checks payable and return entry to:
 New Market Rotary • PO Box 411 • New Market, VA 22844

ENTRANCE FEE:

FREE WILL DONATION

Donate \$20.00 or more and receive a free tee-shirt

Name: _____ Age: _____ female male

Street address/PO Box Number _____

City, State, Zip Code _____

E-mail address: _____ Phone number: _____
cell phone acceptable

Tee Shirt Size: (Circle) S M L XL XXL

registration fee must be returned with this completed registration form

Waiver

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the cart path. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Up the Creek Race, the Shenvalee Golf Resort, Rotary Club of New Market and all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

If under age of 18, the waiver must be signed by a parent/guardian:

Parent/Guardian
 Signature _____ Date: _____

EMAIL: newmarketvarotary@gmail.com