



# Up the Creek 5K Run/Walk

Monday May 25, 2020 • 8:00 AM

## Registration Form

Make checks payable and return entry to:  
 New Market Rotary • PO Box 411 • New Market, VA 22844  
 register by 5/18 for a free tee-shirt

children 11 and under (on day of race)	<b>\$12</b>	ALL other ages	<b>\$20</b>
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Name: \_\_\_\_\_ Age: \_\_\_\_\_ female  male   
on 5/25/20

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 inconsideration 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](mailto:newmarketvarotary@gmail.com)