

MILES **4** MEALS

5k run & walk to benefit Fluvanna County Meals on Wheels



Saturday, 5/15/10

Runners and Walkers welcome!

8:30am—**Start** 7:30-8:15am **Registration**

Course Location: Full course beginning just outside Lake Monticello at the Turkey Sag Gate (next to the Food Lion Parking Lot), through the streets of the Lake Monticello Neighborhood!

Registration Fee(s):

Early Registration (received by April 17):

\$20 for Adults \$15 youth under 12

Late Registration (After April 17 and on Race Day):

\$25 for Adults \ \$20 youth under 12

Awards: Gift bags for all entrants (limited to the first 100 registrants –so register early!). Overall and age group awards to winners.

All proceeds will go to the Fluvanna Chapter of Meals on Wheels

For more information visit www.mealsonwheelsfluvanna.org or contact Lisa at (434) 589-1685 or via email lisahimes@embarqmail.com

Registration

First Name _____ Last Name _____

Address _____

City _____ State\Zip _____

Phone _____ Email _____

Gender (circle) M F Age (on Race Day) _____

Event: 5k___ Walk___ Additional Donation Amount _____

Make Checks Payable to Fluvanna Meals on Wheels

Runner's agreement, waiver and release

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by all decisions of the race officials relative to my ability to compete and run safely. I assume all risks with running this event, including but not limited to, falls, contact with other participants, the effects of weather, including high heat and humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. 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 Fluvanna Meals on Wheels, Fluvanna County, Lake Monticello, race organizers and all associated sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event. No baby strollers, headphones, animals on leash, skateboards, skates, roller blades or bicycles are allowed on the course. I understand that if the race is cancelled by circumstances beyond the control of the organizer, my entry fee will not be refunded. I grant permission to all the foregoing to use photographs, motion pictures, or recordings of the event for any legitimate purpose.

Signature _____ Date: _____

Mail to : Meals on Wheels, 105 Crofton Plaza, Suite 8, Palmyra VA 22963 *Parent\Guardian must sign if entrant is under 18*