

Midnight River Run

(Fairbanks Park - Terre Haute) Friday, July 27, 2018 5K Run/Walk 1 Mile Walk 1 Mile Run

Benefiting the WVRR Scholarship Fund

	PARTICIPANT IN	IFORMATION			
Last Name:	First Name:	_		Aiddle Initial:	
Address:		Contact N	umber: (<u>)</u>		
City:	State:	ZIP Code:		M F	
Date / / of Birth:	Age on race day:	Runner	Walker		
Email address:		@			
Emergency contact name:		Emergency contact pho	ne number:		
T-shirt size (circle one): YOUTH: S	M L	ADULT: S	M L	XL XXL	
Shirts wil	l only be guaranteed	to pre-registered runne	rs.		
	RACE INFOR	RMATION			
YOUTH - 18 YEARS OLD and UNDER			ADULTS		
5K Run/Walk (with shirt) \$12.00		5K Run/Walk	(with shirt)	\$20.00	
5K Run/Walk (without shirt) \$8.00	วี	•	(without shirt)	\$16.00	
1 Mile Walk (with shirt) \$12.00	ĺ	1 Mile Walk (\$15.00	
1 Mile Walk (without shirt) \$8.00	ĺ		without shirt)	\$11.00	
1 Mile Run (with shirt) \$12.00	Ī	1 Mile Run (v	•	\$15.00	
1 Mile Run (without shirt) \$8.00	ĺ	1 Mile Run (v	•	\$11.00	
No additional discounts are available	e to kids 18 & under	·	•	ve fee. No race day discount.	
IF YOU ARE ON A	A SCHOOL TEAM, PL	EASE COMPLETE THE FO			
IF YOU ARE ON A	<mark>A SCHOOL TEAM, PL</mark> FEMALE HIGH SCHO	EASE COMPLETE THE FO			
	•	EASE COMPLETE THE FO	LLOWING		
School:	FEMALE HIGH SCHO	CASE COMPLETE THE FO	LLOWING IGH SCHOOL		
School: Team Name:	FEMALE HIGH SCHO	EASE COMPLETE THE FOOD OL MALE H g school name, mailing address	LLOWING IGH SCHOOL is, and coaches cor	ntact number	
School: Team Name: Coach's please provide a cover letter wi	FEMALE HIGH SCHO th team applications statin 4 per team) must submit	CASE COMPLETE THE FOOD OL MALE H g school name, mailing address t their applications together.	LLOWING IGH SCHOOL is, and coaches cor NO RACE DAY TEAM	ntact number	
School: Team Name:	FEMALE HIGH SCHO th team applications statin 4 per team) must submit	CASE COMPLETE THE FOOD OL MALE H g school name, mailing address t their applications together.	LLOWING IGH SCHOOL is, and coaches cor NO RACE DAY TEAM	ntact number M entries.	
School: Team Name: Coach's please provide a cover letter wire All school team members (minimum I would like to make a tax deductable Make checks payable to: WVRR Send to: Pamela Gresham, 2046 of Terre Haut All prices a	th team applications stating 4 per team) must submit donation to the Way North, 19, IN 47802	GASE COMPLETE THE FOOD OL MALE H g school name, mailing address t their applications together. VVRR Scholarship Func Total amount	LLOWING IGH SCHOOL IS, and coaches cor NO RACE DAY TEAM I: c enclosed:	ntact number Vientries.	
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School: Team Name: Coach's please provide a cover letter wir All school team members (minimum I would like to make a tax deductable Make checks payable to: WVRR Send to: Pamela Gresham, 2046 Terre Haut All prices a PLEASE REA I know that running a road race is a potential pazardous at trained, and by my signature, I certify that I am medically abl official relative to any aspect of my participation in this event risk associated with running in this event including, but not littraffic and the conditions of the road, all such risks being known animals, and radio headsets are not allowed in the race and acceptance of my entry, I for myself and anyone entitled to a sponsors, their representatives and successors including the any kind arising out of my participation in this event, even the	th team applications stating a per team) must submit donation to the Ward Cobblestone Way North, see IN 47802 above are for pre-registable to perform this event, amet, including the right of any of mitted to: falls, contact with coord and appreciated by mean act on my behalf, waive and e Road Runners Club of Americal and the liability may arise	g school name, mailing address their applications together. VRR Scholarship Funct Total amount Stration through July 18, 2 BEFORE SUBMITTING Etter and in good health, and am properly fficial to deny or suspend my partitle participants, the effects of the understand that bicycles, skate. Having read this wavier and knicked the wabash Valley Roaderica, its officers, directors, agerout of negligence or carelessness	LLOWING IGH SCHOOL ss, and coaches cor NO RACE DAY TEAN : cenclosed: O18. VTRY run unless I am med trained. I agree to ab ticipation for any rease weather, including aboards, baby jogger owing these facts, and Runners Club, Inc., ts and employees, fres on the part of the p	stically able and properly ide by any decision of a race son whatsoever. I assume all high heat and/or humidity, s, roller skates or blades, id in consideration of your its officers and agents, all om all claims or liabilities of ersons named in this waiver.	