

lce Cream Social following Race

Directions

From South – Follow 29 N to US-58E/Danville EXPY toward Lynchburg/South Boston, exit right on to River Park Drive, bear right offexit, at stop sign take right on Stinson Drive, take first left and follow to lower parking lot.

From North—Follow 295, exit right on to River Park Drive, turn left a texit on to River Park Drive, follow until stop sign take righton Stinson Drive, take first left and follow to lower parking lot.

From West-Follow 5&E, Merge onto US-5& E/ Danville EXPY toward Greensboro/ South Boston, exit right on to River Park Drive, bear right on exit, at stop sign take right on Stinson Drive, take first left and follow to lower parking lot.

From East—follow 5&W, merge on to US-5&W/Danville EXPY toward Greensboro/Martinsville, exit right on to River Park Drive, turn left on River Park Drive continue, turn right at stop sign on Stinson Drive, take first left and follow to bottom parking lot. Patriot Challenge
Clo Danville Welcome Center
645 River Park Drive
Danville, VA 24540



Danville, Virginia July 3, 2010

8 am on the Anglers Ridge Trail Systems

Sponsored by







REGISTRATION FORM

Please Print			
Na me			
Address			
City	ST	ZIP	
Phone:()_			
E-Mail			
5K10K	Walk	Fun Run	
Age race day	_ Sex: M F	Shirt Size: S N	LX
Visa / MasterCar	d		
Exp. Date	Secu	Security code	

FEES:

Pre-Register 5K, 10K - \$15 Kids Fun Run \$5 **Add \$5 day of event registration**

Make Checks payable to:
City of Danville
Day of Event Cash only!!!
May pre-register over the phone by Credit
Card 434.793.4636.

Mail checks and/orforms to: Danville Welcome Center 645 River Park Drive

Race Director – Lee Eagle Assistant Heather Vipperman 434.793.4636 Email– specialevents@visitdanville.com

Starting Times

7 am Registrationopens 8:15 Kids fun run 8:30 5K, 10K and walk Awards will be given after the Ice Cream Social.

Age Groups

Male / Female groups 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70&UP

Awards

Overall Male & Female Master Male & Female Top Three finishers in eachage group Male & Female

Assumption of Risk/Waiver of Claim

Assumption of Risk/Waiver of Claim

I, , wish to participate in the Patriot Challenge Trail Run program offered by the Danville Department of Parks, Recreation and Tourism.

I understand that the above-mentioned program involves activity that can be both strenuous and physically demanding and could result in my being physically injured. Such injuries could include strained, sprained or torn muscles, ligaments and tendons, broken bones, head or back injuries, concussions and even loss of life. I understand that this is only a partial list of the injuries I might receive as the result of engaging in this activity.

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions and/or requirements.

I understand that it is important that I be in good physical condition when I engage in this activity, and I understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

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I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and my transportation related thereto. I further understand there may be a risk of injury in traveling to and from the area where the activity will take place.

I also release the use of my name, image, or any record of my participation in the event for promotional or publicity purposes without obligation to me.

I also expressly waive and covenant not to sue on any claim I might have against the City Danville or any officer or employee of the City of Danville, or any volunteer, or the estate or representatives of such person for any personal injury or loss I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contact or otherwise; except that this wavier shall not apply to any claim I might have against the City of Danville or its agents for any such personal injury or loss I might sustain out of the gross or wanton negligence for any such person or entity.

PLEASE READ CAREFULLY BEFORE SIGNING

Signature of Participart	Date
Signature of Guardian	Date

I have the following physical impairments or medical conditions, including allergic reactions:

I grant permission to the organizer to seek medical attention should the need arise and parent/ next of kin cannot be reached by telephone.

Name of individual to contact in case of emergency:

Name:		
Address:		
Phone:		
	-	
Signature of Participant		
Signature of Parent or Guardian (if participant is Under Eighteen)	-	