



Halloween Spooktacular 5k Run/2 Mile Walk

October 31, 2009 – 9:00am

Valley Park, Hurricane, WV

Entry Form

Name: _____

Address: _____

Phone: _____ Email: _____

Age: _____ Date of Birth: _____ Gender: Male / Female (circle one)

Age Category: 14 & Under _____ 15-19 _____ 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60 & Over _____

Special Category: Walking (non-competitive) _____

T-Shirt Size: _____ *not guaranteed you'll get your preferred size, especially if you don't pre-register*

Paid: \$15-pre-registered / \$20-on-site By: Cash _____ Check _____ # _____ *a \$35fee will be required for any returned checks*

WAIVER: I know that running a 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 any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, the effects of weather, including, but not limited to, high heat and/or humidity, traffic and the conditions of the course, 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 hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive and release any and all sponsors, their representatives and successors, from all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to sponsors and or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Minors accepted only with a parent or guardian signature.

Signed: _____ (must be signed to participate)

Date: _____ Guardian Signature if Necessary: _____

If mailing entry form and fee send to: Reach Personal Fitness

300-E Prestige Park, Hurricane, WV 25526

Make checks payable to: Generation Putnam. For more information, call Rebekah at (304)610-7765 or go to
www.generationputnam.com

Payment is required to make entry valid. Please do not mail cash.