



Virginia 5K Registration Form 2019

Date: Saturday, June 8, 2019

Starting Time: 8:00am

Location: Virginia Square, at rear of the Food Pantry 138 East Beardstown Street, Virginia IL

Entry Fee: \$20.00 for the public Includes Shirt, runner's packet, and post-race Refreshments

Registration: Pre-registration ends on Thursday June 6th at 4pm.

Race-day registration will run from 7:00 to 7:40

Incentives will only be guaranteed to pre-registered individuals

Timing: Pull-Tab Timing System with Race Timer software

Parking: Parking will be available on South Main Street and the surrounding Neighborhood

Food: Post-race refreshments include water, fruit, and peanuts and raisins,
Awards: First and second place medals will be awarded for Men's and Women's 25 and under, 26 to 40, and 41 and up age groups.

Course Map: Can be found at the USA Track and Field Website www.usatf.org and doing a search for the "around Virginia 5k"



Cass County



Public Health



Road ID
It's Who I Am.



CASS COUNTY HEALTH CLINIC



CASS COUNTY DENTAL CLINIC



Course Certification ID
IL-130520-JW

5K Breakfast spots

THE DEPOT
RESTAURANT

Full Breakfast Menu

Jcts, 78 & 125
Virginia

Kesterson's
Good Times
5K day special breakfast menu

Bacon Biscuits and Gravy Sausage
Toast Hashbrowns Eggs

Open at 7am!

Virginia 5k Registration

Please return this section plus payment to:
Cass County Health Department
Virginia 5K
331 S Main
Virginia IL 62691

Last Name

First Name

/ /
Date of Birth

Age on June 8, 2019: _____

Sex:

M

F

E-Mail:

*you will receive an e-mail with to notify you that your registration is complete

Shirt Size:

S

M

L

XL

XXL

How do you plan to Participate?

Runner

Walker

Payment

☐ A check for my registration is enclosed

☐ I Plan to Pay Cash at the Event

*If writing a check for more than one registration, please include the participant names on the memo line of the check. Checks may be made out to Cass County Health Department

Waiver of Liability: I agree that by participating in The Virginia 5K, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that may result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during this event. In exchange for accepting my entry fee, I agree to be legally bound, for myself, my heirs, next of kin, executors, and administrators, and voluntarily assume all risks of accident or injury and release and forever discharge, indemnify and hold harmless The Cass County Health Department, The Virginia Barbecue Committee, its officers, employees, members, representatives, agents, volunteers, and/or sponsors ("Released Parties") from any and all liability for personal injury or property damage of any kind sustained during the event, whether such personal injury or property damage is caused directly or indirectly by the Released Parties. I grant permission to Cass County Health Department to use any photographs or videotapes taken during the event to use for future promotions of the event. I have full knowledge of the risks involved and attest that I am physically fit and sufficiently trained to participate in the 5K.

I have read and agree with the this Waiver of Liability and wish to participate in the Virginia 5K.

Signature

Date

Parent's signature (if under 18)