



5K Run/Walk REGISTRATION

Participant Name: _____
(First) (MI) (Last)

E-mail Address: _____

*You will receive an e-mail receipt when your registration has been processed

Please tell us about yourself by circling the choice that best describes you

Sex:	M	F
Age Group	12- 35	35 & over
I am entering this event as a:	Runner	Walker
T-Shirt Size:	S M L XL XXL	

There is a \$10 entry fee for this event
Please make checks payable to the Cass County Health Department

Payment Method

I Have enclosed a check for \$ _____

I plan to pay cash at the event

If you select the option to pay at the event and fail to do so, your registration will be voided and you will not be recognized as an event participant

To Receive updates on this and other Cass County Health Department Annual Activities, find us on Facebook or follow us on Twitter!

Follow us on **@casscohealth**
Find us on **Cass County Health Department**

All funds raised in this event will be used locally in future education and awareness events
(Organizers use only)

Completed forms should be mailed to:
Cass County Health Department
331 S Main
Virginia IL 62691
Att: Andrew

Participant bib number: _____

IMPORTANT!

You must read this.
Before entering the event

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release the Cass County Health Department, the Virginia Barbecue organizing committee, and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event

I have read and understand the disclaimer and wish to Participate in the Virginia Barbecue RUN/WALK for Health

X _____
Signature (guardian must sign if under 18)



Detach this section and keep for your reference

8:00am SATURDAY JUNE 4th

Registration Deadline is 7:30 and Check-in Deadline is at 7:45 am on the 4th

5K RUN/WALK for Health

Prizes Awarded: Men's under 35 runner, Men's over 35 runner, , Women's under 35 runner, Women's over 35 runner, All runners and walkers will receive participation incentives

Course Description: Course starts and ends on the square and runs around the perimeter of Virginia. Mostly flat with some hills. 3rd Kilometer is the hilliest section with very little traffic. Some streets are without sidewalks, those are the streets with little to no traffic. Course includes 17 hard turns (12 right, 5 left). Entire course is on concrete. Road blocks will be set up wherever needed.
Start: Southeast corner of the Virginia Square . Finish: Southwest corner of the Virginia Square.
More information on the route and a map can be found at www.casscohealth.org

Facilities: Packet Pick-up and registration will be outside the food pantry at 138 Main Street in Virginia, Restrooms will be on-site