



65 Roses 5K Road Race

**TIME: 10:00 A.M.**

**WHEN: Saturday, November 3, 2018**

**PLACE: Windsor Castle Park 301 Jericho Road Smithfield, VA 23430**

**8:00 AM Race Day Registration (closes at 8:45 am)**

**10:00 AM 5K Run/Walk**

**5K Run/Walk to benefit Cystic Fibrosis**

**\$25.00 Pre-registration**

**\$30.00 Registration after October 1, 2018**

**Chip timing system**

**Packet pick-up will be Friday, November 2<sup>nd</sup> @ Windsor Elementary from 4:30-6:30 P.M.**

**ONLINE REGISTRATION: <https://www.active.com/smithfield-va/running/distance-running-races/65-roses-5k-2018?int=>**

**Scan the QR code to register**



**MAKE CHECKS PAYABLE TO: Windsor Elementary School**

**MAIL ENTRIES TO: Windsor Elementary**

**Attn: Holly Goetz**

**20008 Courthouse Hwy**

**Windsor, VA 23487**

**NAME (LAST, FIRST):**

**ADDRESS (STREET, CITY, STATE):**

**EMAIL ADDRESS:**

**PHONE NUMBER W/AREA CODE (IF NO EMAIL):**

**AGE ON RACE DAY:**

**T-SHIRT SIZE:**

**SEX (CIRCLE ONE) M / F**

In consideration of you accepting this entry, I, \_\_\_\_\_ the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, the City of Smithfield, Isle of Wight Public Schools, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver. All attempts to hold the events will be made; however in the case of inclement weather or other circumstances outside of the control of the race director, I further understand that race registration fees and any additional fees associated with the race not limited to, medals, childcare, and additional add-ons, are non-refundable.

I agree to the waiver and that I am 18 or older, or that I have the authority to register these participants and agree to the waiver for them.

**SIGNATURE:**

**DATE:**

**GUARDIAN IF UNDER 18:**