



HEALTH FOCUS SALEM DISTANCE RUN 10K RUN & 5K RUN OR WALK

REGISTER BELOW OR AT WWW.RUNSIGNUP.COM
Benefitting Health Focus of Southwest Virginia
8:00 a.m., August 11, 2018, Longwood Park, Salem

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Birth Date: (____) ____ - ____

Email: _____

Age (as of 8/11/2018): _____ Male _____ Female _____

Adult T-Shirt Size: Small Medium Large XLarge XXL +\$2.00

For and in consideration of my participation in the Health Focus Salem Distance Run/Walk in Salem, Virginia on August 11, 2018, and other valuable consideration, receipt of which is hereby acknowledged, I agree, on behalf of myself, my heirs, Executor, Administrator, and assignees, to release, discharge and indemnify the City of Salem, Virginia, Health Focus of SWVA, Madlea Running, Inc., Run Roanoke, and their officers, directors, agents, employees, and other sponsors, jointly and severally, and hold and save them harmless from liabilities, loss, damages, actions, suits, or expenses of whatever kind or nature, including attorneys fees, which may at any time be incurred by reason of my participation in or preparation for the aforesaid Health Focus of Southwest Virginia Salem Distance Run or Walk.

Athlete Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

(For run/walk participants under 18 years of age)

SUBMIT COMPLETED FORM AND PAYMENT TO: HEALTH FOCUS SWVA
P.O. BOX 4692 • ROANOKE, VA • 24015