



Light Up The Night 5K

Saturday, December 10, 2016 5:00 p.m.
 Uptown Martinsville
 To benefit Girls on the Run of Southern Virginia and
 Martinsville STRIDE

When: Saturday, December 10, 2016 race begins at 5:00 p.m.

Where: Uptown Martinsville (pre/post race festivities to be held at the Uptown Farmers Market)

Registration: \$25 for Single Runners or \$35 for Stroller Runners (includes a t-shirt for your little person) until November 27th (with a t-shirt guarantee); \$30/\$40 from November 28th-December 9th (no t-shirt guarantee); \$35/\$45 Race Day Registration

Includes: T-shirt, On-course Aid Station, Goody Bag, & Festive post-race food!

Awards: Overall Male/Female Winners and Male/Female Age Groups (5 year increments beginning at 9 & under)

Packet Pick-up: Friday, Dec. 9, 12-6:00, Martinsville Y & Saturday, Dec. 10, 3:30-4:30 Uptown Farmers Market

Please complete and return with registration fee to either YMCA

Individual Runner Stroller Runner
 GOTR/STRIDE Team Association _____

First Name _____ Last Name _____

Address _____

Birthdate: _____ Age as of race day _____ Male/Female (please circle)

Phone # _____ E-mail Address _____

Child's Name (stroller division ONLY) _____ Age _____

T-Shirt Size (please check one for individual runner or two for stroller division)

No shirt guarantee after November 28

Youth XS Youth S Youth Med Youth Lg
 Adult S Adult M Adult LG Adult XL Adult XXL

Waiver: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Light Up The Night 5K Event, and do hereby release Girls on the Run, STRIDE, the Family YMCA Inc., all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all rules for participation, and acknowledge that the event committee may refuse my entry at its discretion. I further grant permission for the YMCA/STRIDE/Girls on the Run to use any photographs, motion pictures or other recording of the event for legitimate purposes. I HAVE NOTED ANY MEDICAL CONDITIONS on the reverse side of this form. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event.

Entry Signature: _____
 Parent's Signature: _____
 (required of entrants under 18)
 Emergency Contact: _____

Date: _____
 Date: _____
 Phone: _____

Presented By:

Title Sponsors:

