

MORE INFORMATION: WWW.MILESINMARTINSVILLE.COM

When: Thursday, November 28th, 2019, 9:00 a.m.

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Where: A partially wooded course that starts at the YMCA and winds along the Silverbell Trail, the Dick & Willie Passage and then through Uptown Martinsville.

Registration: \$25.00 through November 21st (with a give-away guarantee through Nov. 13th); \$30.00 after November 21st (no give-away guarantee); \$35.00 race day registration

Includes: Awesome race swag, on-course aid station and delicious post-race snacks!

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

Packet Pick-up: Wednesday, November 27 from 12-6:00 p.m. and from 7-8:30 a.m. on Race Day at the Martinsville Y

Family Division: For the Family Division please complete the Family Division Form & a registration form for each member of your family

| Please complete and return with registration fee to either YMCA | | | | | | | | |
|---|-------|--------|--|--------------------|-------------|-----------------------------|--|--|
| First Name | | | | | | | | |
| Address | | | | | | | | |
| Birthdate: | | | | Age as of race day | | Male/Female (please circle) | | |
| Phone # | | | | E-mail Address | | | | |
| Shirt Size (circle one) | Small | Medium | | Large | X-Large 2XL | | | |

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 Turkey Day 5K & Family Fun Run, and do hereby release 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 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: | | | Date | e: |
|---------------------------------|------|-----------------|--|--|
| Parent's Signature: | Date | Date: | | |
| (required of entrants under 18) | | | | |
| Emergency Contact: | Pho | Phone: | | |
| Presented By: | | Title Sponsors: | | |
| | the | SOVAH HEALTH | Martinsville HENY COUNTY VIERNA HE Is heard Time | FRIEDRICHS FAMILY EYE CENTER Optometry |