

MARTINSVILLE HALF MARATHON & 5K 10 YEARS RUNNING

PRESENTED BY

Martinsville
HENRY COUNTY VIRGINIA

April 4 - 2020



For more information visit www.milesinmartinsville.com

When: Saturday, April 4, 2020– 8:00 a.m.

Where: The Martinsville YMCA

Registration:

- Early Registration (before January 13) \$25 for 5K and \$50 for Half Marathon
- Standard Registration (January 13-April 1) \$30 for 5K and \$60 for Half Marathon
- Race Day Registration (April 4) \$35 for 5K and \$70 for Half Marathon

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

Awards: Overall Male/Female Winners, Male/Female Age Groups (5 year increments beginning at 9 & under for the 5K and 14 & under for the Half Marathon)

Packet Pick-up: Friday, March 29, 12:00-6:00 PM and from 6:30-7:30 AM on Race Day at the Martinsville Y

Please complete and return with registration fee to either YMCA

First Name: _____ Last Name: _____

Address: _____

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

Phone #: _____ E-mail Address: _____

Select Race (select one): Half Marathon 5K Running Division 5K Walking Division Sheree Poe Memorial 5K Walk

Corporate Challenge Company Name: _____

T-Shirt Size (No shirt guarantee after March 18) _____ 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 Martinsville Half Marathon & 5K, 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: _____

Parent's Signature: _____ Date: _____

(required of entrants under 18)

Emergency Contact: _____ Phone: _____

Conducted By:

11000 MILES IN MARTINSVILLE



Title Sponsors:



GARDNER | BARROW
SHARPE P.C.
ATTORNEYS FOR THE INJURED & DISABLED

