

Downtown Danville Association  
17<sup>th</sup> Annual Shamrock 5K  
Saturday, March 20, 2010  
Registration Form  
(Please print – photocopies okay)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGE ON RACE DAY: \_\_\_\_\_ SEX: \_\_\_\_\_

\_\_\_\_\_ 5K RUN \_\_\_\_\_ 5K WALK

CIRCLE SHIRT SIZE: M L XL (FIRST 200 ENTRIES)

TEAM NAME: \_\_\_\_\_  
(MINIMUM OF THREE RUNNERS)

**WAIVER**

In consideration of the acceptance of my entry, my executors, administrators, and assignees, I do hereby release and discharge Downtown Danville Association, sponsors, and Danville Running & Fitness Club, their officials and members of all claims and damages, demands and actions whatsoever in any manner arising or growing out of my participation in the 5K Run/ 5KWalk on March 20, 2010. 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.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent's Signature (If entrant is under 18 years) Date  
PAYMENT: \_\_\_ \$15 \_\_\_ \$10 (AGE 19 AND UNDER) \_\_\_ CHECK \_\_\_ VISA \_\_\_ MC

CARDHOLDER NAME: \_\_\_\_\_

CARD #: \_\_\_\_\_ EXP \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

Mail completed form and payment to:  
Downtown Danville Association  
635 Main Street  
Danville VA 24541  
Attn: Shamrock 5K

