

RACE INFORMATION

- Race will start and finish at Anglers Park. The gun will sound at 7 a.m.
- Packet Pickup will be from 12 p.m. to 6 p.m. on Friday, Nov. 6 at:
The Brick Running and Tri Store
410 Main Street
Danville, VA
and on site from 6 a.m. to 6:45 a.m.
- Registration ENDS Oct. 17
- Race day parking on site.
- Heated restrooms.
- Chip timing
- Awards top three male/female overall and top three age group winners.
AGE GROUPS

| | |
|---------|---------|
| 18 - 29 | 50 - 59 |
| 30 - 39 | 60 - 69 |
| 40 - 49 | 70+ |
- Finisher's jacket upon completion (no finish-no jacket)
- Course will include aid stations every three miles.
- Plenty of post-race grub available.
- There is an 8-hour time limit for the 26.2 race and a 9-hour limit for the 50K



Danville
Parks and Recreation



ANGLERS RIDGE
26.2 and 50K

NOVEMBER 7, 2015
ANGLERS PARK, DANVILLE VA

REGISTRATION FORM

ASSUMPTION OF RISK/WAIVER

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

DOB _____

Sex: M F Jacket Size: S M L XL

50K FEES
\$120 until July 31
\$140 from Aug. 1 - Oct. 17

26.2 FEES
\$100 until July 31
\$120 from Aug. 1 - Oct. 17

Registration ENDS Oct. 17

Make checks payable to:
City of Danville

Pre-register over the phone
(434) 799-5200 or online
www.PlayDanvilleVA.com

Mail checks and/or forms to:
ATTN: Community Rec
Jason Bookheimer
P.O. Box 3300
Danville, VA 24543

I, _____, wish to participate in the Anglers Ridge 26.2 and 50K Race offered by the Danville Department of Parks and Recreation.

I understand that the above-mentioned program involves activity that can be both strenuous and physically demanding and could result in my being physically injured. Such injuries could include strained, sprained or torn muscles, ligaments and tendons, broken bones, head or back injuries, concussions and even loss of life. I understand that this is only a partial list of the injuries I might receive as the result of engaging in this activity.

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions and/or requirements.

I understand that it is important that I be in good physical condition when I engage in this activity, and I understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level. I also release the use of my name, image, or any record of my participation in the event for promotional or publicity purposes without obligation to me.

I also expressly waive and covenant not to sue on any claim I might have against the City of Danville or any officer or employee of the City of Danville, or any volunteer, or the estate or representatives of such person for any personal injury or loss I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract or otherwise; except that this waiver shall not apply to any claim I might have against the City of Danville or its agents for any such personal injury or loss I might sustain out of the gross or wanton negligence for any such person or entity.

PLEASE READ CAREFULLY BEFORE SIGNING

Signature of Participant Date

Signature of Guardian Date

I have the following physical impairments or medical conditions, including allergic reactions:

I grant permission to the race coordinator to seek medical attention should the need arise and parent/next of kin cannot be reached by telephone.

Emergency Contact Information:

Name: _____

Address: _____

Phone: _____

Signature of Participant