

Downtown Danville Association  
16<sup>th</sup> Annual Shamrock 5K  
Saturday, March 21, 2009  
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 21, 2009. 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

