

Run the Gate 5K Run/Walk



Registration Form

Downtown Gate City, VA

RunTheGate.com

LET'S SAVE IT

GATE CITY THEATRE



Pre-Registration: \$20 5K Run/Walk (Until 5/10/2021)

Registration: \$25 5K Run/Walk

**A portion of the proceeds will go to revitalize the Gate City Theater*

Make checks payable to: Gate City Frontier, Inc.

Mail this form to:

Spearhead Trailblazers Inc.
P.O. Box 1685
Coeburn VA 24230

For more information, contact:

Kyle Lamm
276-689-7051
programs@spearheadtrails.com

Start Time and Date:

Saturday
June 19, 2021

Registration at 7:00 AM
Race Start at 8:00 AM

Headphones are permitted on the course/Strollers are permitted on the course.

Complete all fields and sign below:

Last Name: _____ First Name: _____ M.I. _____

Sex: Male Female Date of Birth: ____/____/____ Age on Race Day: _____

Address: _____ Phone Number: (____) ____-____

City: _____ State: _____ Email Address: _____

Race Day Emergency Contact (Name and Phone Number): _____

Circle Shirt Size: Youth Small Youth Medium Youth Large Small Medium Large X-Large

**Shirts guaranteed for the first 50 to register.*

IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE, AND RELEASE FOREVER ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS AND SPONSORS OF THIS EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE, DEMANDS, AND ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO AND FROM AND MY PARTICIPATION IN SAID RACE. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPLETION OF THIS EVENT. IN FILING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND MY OWN LIABILITY AND ABILITY.

Signature: _____ Date: ____/____/____ (Parents signature if under the age of 18)