

Run the Gate 5K Run/Walk



REGISTRATION FORM
DOWNTOWN GATE CITY, VA
WWW.RUNTHEGATE.COM
WWW.GCFRONTIER.COM
WWW.MYGATECITY.COM



PRE-REGISTRATION: \$25 5K RUN/WALK (ENDS 5/28) REGISTRATION: \$30 5K RUN/WALK

A PORTION OF THE PROCEEDS WILL GO TO REVITALIZE THE GATE CITY THEATER

MAKE CHECKS PAYABLE TO: GATE CITY FRONTIER, INC.

***YOU CAN ALSO REGISTER USING THE EVENTBRITE LINK ON OUR FACEBOOK PAGE.**

MAIL this form to:

Gate City Frontier, Inc.
101 East Jackson Street
Gate City, VA 24251

For MORE info:

Facebook & Instagram
gcfborderinfo@gmail.com

Start Time & Date:

Saturday, June 11, 2022
Registration @ 7 AM
Race Starts @ 8 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 25 participants.**

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)