



**All proceeds will benefit  
The Shenandoah Valley High  
Rollers Wheelchair  
Basketball Team**

**Shamrock 5K  
Trail Run**

**March 16<sup>th</sup>**

Basic Information:

-The top three in each age/gender division receive a race medal.

(-17, 18-29, 30-39, 40-49, 50-59, 60+)

-Refreshments provided before and after the event.

-Event shirts will be guaranteed to everyone who registers by Feb.

21st. There will be a very limited supply available for walk-up registrations—sizes are not guaranteed.

-Race Packet pick-up will be available the Friday prior to the race at 305 South Dogwood Drive.

-\$25 race registration fee. *No Refunds.*

Race Day Times:

8:00 a.m. —Race Day Reg. Begins

9:00 a.m. —Registration Closes

9:30 a.m. —5K Trail Run Begins

Mail-in or Drop-off Registration:

305 South Dogwood Drive, Harrisonburg, VA, 22801.

Attn: Erik Dart

Please make checks payable to Shen. Valley High Rollers

Online Registration:

Visit [RunSignUp.com](http://RunSignUp.com) and search Shamrock 5k Trail Run

**Due to trail size, no strollers or dogs will be permitted for race participants.**

Directions: From I-81, take exit 245 (Port Republic Rd.). Go West onto Port Republic Road. (toward JMU). Continue straight on Port Republic Road, cross over Rt. 11. (S. Main Street). When you cross Rt. 11, Port Republic Road becomes Maryland Avenue. Continue straight on Maryland Avenue until you come to a stoplight at Rt. 42. Take a left onto Rt. 42, continue through your next stoplight and you should start seeing signs for Hillandale Park. Take a right onto Hillandale Drive and continue until you enter Hillandale Park. If you make it to a Food Lion, you have gone too far.

Participant Name (Please Print)

Address

Age Gender T-Shirt Size (Adult Sizes)

Email

Address (con't)

Phone #

Emergency Contact Name (Please Print)

Phone #

**\*\*Please Sign Event Waiver on Back**



# 2019 Shamrock 5K Trail Run Waiver and Liability Release Form

Participant's release of liability please read before signing.

I hereby, grant permission for the above named individual to participate in the City of Harrisonburg, Department of Parks and Recreation's, Shamrock 5K Trail Run; and I/we agree as follows:

**PARENT INFORMED CONSENT AND RELEASE:** I understand that this trail run is a potentially hazardous activity and understand that there are risks and dangers inherent to triathlons. With full knowledge, comprehension, and understanding of these dangers, I voluntarily accept and assume all risks involved in this event for the above named individual.

I certify that I/the above named individual, to the best of my knowledge, is in proper physical condition for this activity, have no physical, mental, or emotional condition which might be aggravated by this activity, which might in any way inconvenience or endanger staff or other participants, or which might impair my ability/the above individual's ability to participate in this trail run.

In case of emergency, I authorize the Harrisonburg Parks and Recreation Department personnel to administer first aid treatment, to secure the services of a physician, to transport me/the above named individual to an emergency facility for treatment, all at my expense, and to try to notify my emergency contact person.

I will obey all rules of conduct, regulation and directives the Harrisonburg Parks and Recreation Department , its employees, and all program volunteers or staff , as well as other persons connected with the Harrisonburg Parks and Recreation Department and this facility, from all claims relating to personal injury or property damage that I/the above named individual may sustain by reason of my/our use of this facility and its equipment or my/our violation of any rules and regulations of this facility.

No medical insurance or insurance coverage of any kind is provided by the City of Harrisonburg. The City of Harrisonburg strongly recommends that each participant have some type of accident medical insurance for his/her protection. I agree to pay any and all attorney's fees and costs incurred by the Harrisonburg Parks and Recreation Department arising from any claim made or action brought against the City of Harrisonburg, it's independent contractors and their representatives, employees or volunteers, if any action or any claim is initiated arising out of any matter covered by this release. This agreement shall be effective and binding upon heirs, agents, personal representatives and assigns.

Signature of Participant

Printed Name

Date

### Youth Participants Only

**I/we the parent(s) of, or the legal guardian(s) for \_\_\_\_\_ have read, understand, and agree to the above statements and hereby consent to him/her participating in the designated program. I have signed this document signifying my agreement and consent. I also grant permission for photography that includes my child to be used in media releases that benefit Harrisonburg Parks and Recreation.**

Parent/Guardian's Signature (For participants under 18 years of age)

Printed Name

Date

### Authorization to Photograph

I give permission to the Harrisonburg Parks & Recreation Department to take photographs and video recordings of me, my child, and my family members while participating in recreational activities, and further agree that the Harrisonburg Parks and Recreation may use my, or said Child's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials, without reservation or limitation, in print, on the City website, or other broadcast or social media. These photographs will only be used for City promotional and informational purposes and will involve no compensation to me or my family members for any photograph.

\_\_\_\_\_ YES, I give my permission to be photographed.

\_\_\_\_\_ NO, I **do not** give permission to be photographed.

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