

**Clinch Valley Community Action, Inc. - Family Crisis Services
Monster Mash Kids' Dash**

Saturday, October 20, 2018 10:00 A.M.



**THS Football Field,
Tazewell**

**\$10 entry fee.
Registration begins
at 9:30 A.M.**

Open to children ages 5-10

Quarter Mile Fun Run! Prizes! Costume Contest!

First name: _____ **Middle:** _____ **Last:** _____

DOB: ___/___/___ **Gender:** ___ Male ___ Female ___ **Age:** _____

Phone: _____ **Emergency Contact:** _____

Mailing Address: _____

Limitations: Unregistered runners, unauthorized vehicles, bicycles, skateboards, roller skates, and running with dogs are prohibited on the course in order to assure runner safety and to comply with liability insurance requirements.

Waiver: In consideration of the acceptance of this entry, I hereby for myself, my heirs, executors, administrators, and assigns, and anyone entitled to act on my behalf, release and discharge **Halloween Hustle 5K, Clinch Valley Community Action, Inc., Tazewell County Public Schools and their facilities, and the Town of Tazewell**, plus sponsors, their representatives and successors, promoters, managers, directors, officials, agents, employees and volunteers, from any and all claims of injury, or liabilities of any kind, illness or damages suffered by me, or from the participation of the minor for whom I am signing for, as a result of participating in, or traveling to this event. I know running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, the effects of the weather (including high heat or humidity), traffic and the conditions of the road, all such risks being known and appreciated by me. I realize this is a strenuous event which requires proper physical conditions. I hereby certify I am in such physical condition and good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature _____

Parent or legal guardian –For those under 18 years of age

Date

Refund Policy: Entry fees are non-refundable and entries are non-transferable.

**Please submit registration form with payment to CVCA c/o Jennifer Bourne P.O. Box 188
North Tazewell, VA 24630 by Thursday, October 18, 2018. Questions? Call 276-988-5583**