G	reenv	vav	Men	nory l	Miler
	Satu	day, N	lovemb	per 5 <sup>th</sup> at	
Proceeds benefit:		alzheimer's 🎧 association®			O M
Register me for	the following:	Central & Western Virginia Chapter			<b>GREENWAY</b>
Ten Miler	\$35 entry fee till m	idnight of Oct	tober 25 <sup>th</sup> (\$40 C	Oct 26 <sup>th</sup> and after)	R
Four Miler	\$28 entry fee till m	nidnight of Oct	tober 25 <sup>th</sup> (\$38 C	Oct 26 <sup>th</sup> and after)	
	up Rate: 3 or more registrations receir			Forms MUST be MA	ILED in together. This rate is only
T-shirt size:	Adult S	Adult M	Adult L	Adult XL	Race presented by:
Adult XXL (Please (Only guaranteed it <b>Race:</b> 4 Miler 10 miler		ada \$2 for XXL) registered by Oct 25 <sup>th</sup> )			salem rerrace
					Independent Living • Assisted Living
Last Name: Address:		Cit	First Name: y:	State: Zip: Day:	
Day Phone: Gender:	Birth date:	Email:	Age on Race	Day:	
	ment will be the fo				Roanoke's only
<b>Check enclosed.</b> Make check payable to: VAS					10 Miler!
	ge my credit card		MasterCard DISCOVE	R	
Name on card	ard#Expiration date: ame on card:CVV Code: _ gnature:				
<u>Mail to:</u> Virginia Amate 711-C 5th Stree Roanoke, VA 2 WAIVER - a signature and da	eur Sports et NE 24016	On Questi	e application pe ons? Call VAS o	er entry.	e and non-transferable.
I acknowledge that the Memory THE GREENWAY MEMORY M following action for myself, my AGREE to abide by the Compe unsafe I will immediately advis disability, property damage, me FOLLOWING PERSONS OR E HELD, AND THE OFFICERS, OMISSIONS OF ANY OTHER ASSUME ANY AND ALL OTHI- defective equipment, the condi- risks that may be the result of a from any and all claims made c liabilities assessed against the event or activity is being condu- participation in a VAS event, an FOR THE Memory Miler, I HAV	/ Miler is an extreme test of a person' MLER. I certify that I am physically fit executors, administrators, heirs, next titive Rules adopted by Virginia Amal e the person supervising the event ac adical or hospital bills, theft, or damag SINTIFES: EVENT SPONSORS, RAC DIRECTORS, EMPLOYEES, REPRE PERSON OR ENTITY; (d) I ACKNOV ER RISKS associated with participatir tion of the roads, water hazards, and al negligence of the persons or entitie or liabilities that I have waived, releas m as a result of (i) my actions or inact cetc; (iv) the Competitive Rules; or (v dI IWAIVE all right to any future com //E READ THIS DOCUMENT, AND I L	s physical and mental limits , have sufficiently trained for of kin, successors and assig eur Sports, (b) I AGREE tha bivity facility or area; (c) I W e of any kind, including ecor E DIRECTORS, EVENT PR SENTATIVES AND AGENT VLEDGE that there may be g in the VAS sponsored eve any hazard that may be pos s mentioned above in parag d, or discharged herein; (f) ons, (ii) the actions, inactior ) any other harm caused by pensation to which I may oth INDERSTAND ITS CONTEI	and carries with it the potential f participation in this event, and I gns, or anyone else who might c t prior to participating in an even VUF, RELEASE, AND DISCHAI tomic losses, which may in the f ODUCERS, VOLUNTERS, TH S OF ANY OF THE ABOVE, EV traffic or persons on the course ent including but not limited to fa ed by spectators or volunteers, raph (c) or of other persons or re INDEMNIFY AND HOLD HARM is or negligence of others includ an occurrence related to a VAS nerwise be entitled as a result of VTS. NO REFUNDS.	ave not been advised against participa laim or sue on my behalf, and I express It I will inspect the race course, facilities RGE from any and all claims, losses, or úture arise out of or relate to my partici tE STATE, COUNTY, OR LOCALITY II EN IF SUCH CLAIMS, LOSSES, OR L IF SUCH CLAIMS, LOSSES, OR L Is, contact and/or effects with other paral all such risks being known and appreci- unities; (e) I AGREE NOT TO SUE any LESS the persons or entities mentione- ing those parties hereby indemnified; (i event; and (g) I GRANT PERMISSION the use of my name or likeness. I HEF	ess. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN tition by a qualified health professional. I hereby take the ily acknowledge that it is my intent to take these actions: (a) 1 a, equipment, and areas to be used and if I believe any are liabilities for death, personal injury, partial or permanent bacton in or my traveling to and from the Memory Miler. THE V WHICH THE EVENT OR SEGMENTS OF THE EVENT ARE IABLITES ARE CAUSED BY THE NEGLIGENT ACTS OR JNNING OR PARTICIPATING IN ANY OTHER EVENT. I also tripipants, effects of weather including heat and/or humidity, ted by me, and I further acknowledge that these risks include of the persons or entities mentioned above in paragraph (c) d above in paragraph (c) from any and all claims made or ii) the conditions of the facilities, equipment, or areas where the for the use of my name and/or likeness relating to my REBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OR OLDER
signature of Runn	er:				Date:

Signature of Parent or Guardian if entrant is under 18: \_



Date: \_\_\_