



5K RUN/WALK UP O'HILL

Saturday, September 11th 8:30am

----- (Tear Here) -----

Location: Newcomb Hall Plaza

Individual Entry fees: Race day: \$30.00 (\$25.00 for UVa students)

Early registration: \$25.00 (\$20.00 for UVa students)

5-Person Team Challenge: Race day: \$125.00 (\$110.00 for UVa students)

Early registration: \$110.00 (\$95.00 for UVa students)

Proceeds: The run benefits TJEMS (Thomas Jefferson: Emergency Medical Services) which covers the counties of Albemarle, Fluvanna, Greene, Louisa, Madison, Nelson, and the city of Charlottesville. This includes over 90,000 people and 700 square miles of land.

Registration: Online at www.elevation-athletics.com or **drop off this form (on the back)** at Ragged Mountain Running Shop by Friday, September 10th at 6:00pm

Packet Pick-Up/Race Day Registration: 7:30-8:15am Sept. 11th in Newcomb Hall Plaza.

Prizes: T-shirts, athletic, and philanthropic satisfaction from helping raise money for the people who save our lives on a daily basis. There will also be plaques for the top 3 male/female runners as well as top team. There will additionally be giveaways from Ragged Mountain for other award winners.

Contact: Ragged Mountain Running Shop (434) 293-3367 or www.elevation-athletics.com

ELEVATION  ATHLETICS

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Packet-Pick Up/Location: 7:30-8:15am September 11th in the Newcomb Hall Plaza.

“The point of competing isn’t to trounce the competition; but to *elevate* yourself”

----- (Tear Here) -----

Registration Form

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip:** _____

Gender: _____ **Age (on race day):** _____ **T-shirt size (S-XL):** _____

Registration Cost: _____ + **Extra Donation (optional)** _____ = **Total:** _____

UVa Student ID: _____ **(for \$5 discount)**

*Please make checks payable to *Elevation Athletics*

****Team Challenge Participants** (Please make sure your friends sign up as well):

Team Name: _____ **(please list participants 1-5 below)**

Organization/Group you represent: _____

1: _____ **2:** _____ **3:** _____ **4:** _____ **5:** _____

Liability Waiver: Must be signed by runner if under 18 Legal Guardian

I know that running in 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 all decisions of the race officials relative to my ability to complete the run safely. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, effects of the weather, including heat and humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Elevation Athletics and its officers and agents, all sponsors & beneficiaries, their representatives and successors from all claims or liabilities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates, inline skates, animals and radio headsets are not allowed in the race and I will abide by this guideline. In addition, I understand that if the race is cancelled by circumstances beyond the control of the organizers, my entry fee will not be refunded.

Signature of Runner: _____

Legal Guardian if under 18: _____