



The 46th Charleston Distance Run

15 Mile Race, 3-Person 15 Mile Relay and 5k Run/Walk

Saturday, September 1, 2018, 7:30 a.m. • Charleston, West Virginia

★ U.S. MILITARY ENTRY FORM ★

MUST USE THIS ENTRY FORM, NOT ONLINE REGISTRATION

For active military personnel, reservists and retirees. Does not apply to family members.

\$25 for all events when received by August 1, 2018's mail.

\$35 for all events from August 1, 2018 until August 31, 2018's mail.

\$35 at the Beni Kedem Temple next to the Civic Center from 3 to 8 p.m. on August 31, 2018.

Send Payment to:

Charleston Distance Run
PO Box 11595
Charleston, WV 25339

For race details: www.charlestondistancerun.com

— NO REFUNDS ON ANY FEES —

Check appropriate event: 15 Mile Race 3-Person 15 Mile Relay 5k Run/Walk

PLEASE PRINT CLEARLY

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↑↑ LAST NAME

↑↑ FIRST NAME

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↑↑ ADDRESS 1

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↑↑ ADDRESS 2

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↑↑ CITY

↑↑ STATE

↑↑ ZIP CODE

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CELL OR HOME PHONE

E-MAIL

Long Sleeve

T-Shirt (Free)

Size (Check One)

Small

Medium

Large

X Large

XX Large

OPTIONAL Souvenir Shirt: **(Please include payment with entry fee)** Standard Sizes S M L XL XXL

\$15/each Short Sleeve (indicate size _____ & quantity _____) \$20/each Long Sleeve (indicate size _____ & quantity _____)

Circle one: INDIVIDUAL WHEELCHAIR / HANDCYCLE 15 MILE TEAM 3-PERSON 15 MILE RELAY

IF 15 MILE TEAM (Circle one): FEMALE MALE CO-ED

IF 3-PERSON 15 MILE RELAY (Circle one): FEMALE MALE CO-ED

NAME OF TEAM: _____

15 mile team and 3-person relay team applications **must be submitted together and received by the CDR by Aug. 28, 2018,** otherwise applicants will be limited to the individual classifications. For 15 mile team entries a maximum of four (4) team members, with only the three (3) top members to determine the standings.

WAIVER : I, the undersigned, waive and release for myself, my heirs, executors, and administrators, any and all rights and claims for damages, demands, and any other actions whatsoever, which I may have against Charleston Distance Run, Inc., its committee members and volunteers, the City of Charleston, all participating sponsors and supporters of those entities, successors, representatives, and assigns, arising out of my participation in this event, including any and all injuries, including death, suffered by me as a result of my participation in this event. I consider myself adequately trained for the completion of this event. Should I suffer an injury or illness, I authorize officials of this race to use their discretion to have me medically treated and transported to a medical facility. I also authorize Charleston Distance Run, Inc. to use any photograph or video taken of me during any of the Charleston Distance Run events to be used in any promotional materials.

X

SIGNATURE (Parent or Guardian MUST sign if under 18)

____/____/____
DATE

www.charlestondistancerun.com