



The 49th Charleston Distance Run

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

Saturday, September 3, 2022, 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, 2022's mail.

\$35 for all events from August 1, 2022 until September 1, 2022's mail.

\$40 at the Beni Kedem Temple next to the Civic Center from 3 to 8 p.m. on September 2, 2022.

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

--

↑↑ ADDRESS 1

--

↑↑ ADDRESS 2

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↑↑ CITY

↑↑ STATE

↑↑ ZIP CODE

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CELL OR HOME PHONE

E-MAIL

Required Information

Male _____

Female _____

AGE ON 9/3/2022 _____

DATE OF BIRTH ____/____/____
MM/DD/YY

Participant must fill out the above information.

NOT ALL SIZES ARE GUARANTEED FOR REGISTRATIONS RECEIVED AFTER AUGUST 20, 2022.

Short Sleeve T-Shirt (Free) Size (Circle One) Small Medium Large X Large XX Large XXX Large

MUST BE ORDERED BY AUGUST 20, 2022 - A limited supply will be offered for sale at packet pickup.

OPTIONAL Souvenir Shirt: **(Please include payment with entry fee)** Standard Sizes S M L XL XXL XXXL
\$15/each Short Sleeve (indicate size _____ & quantity _____) \$20/each Long Sleeve (indicate size _____ & quantity _____)

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

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

NAME OF TEAM: _____

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