5K RUN 5K WALK 2MILE ROLL

RUN - WALK - ROLL

Experience Aiken
CITY OF AIKEN, SC
PARKS, RECREATION & TOURISM

FLEET FEET Sports

What

5K Run/Walk
2 Mile Wheelchair Challenge

At Home Personal Training, Inc., the City of Aiken's Park, Recreation and Tourism Department, and Fleet Feet of Augusta invite you to become part of what we hope will become an annual event for all ages and abilities. The "Run, Walk, or Roll" race will be a premier event which will open the door for runners, walkers, and those with disabilities. The event features a 5K run/walk and a 2 mile wheelchair challenge, all at a single event. All proceeds for this event will be donated to the National MS Society.

When

Date: Saturday December 8, 2012 **Start time:** 9:00AM

Where

Address:
H. Odell Weeks Activity Center
1700 Whiskey Road
Aiken, SC 29803

Phone:
Race Director
Lori Comshaw
(803) 443-9771

Information

Registration

Pre-register by December 5th online at www.strictlyrunning.com or by mailing a registration form to 422 West Pleasant Colony Aiken, SC 29803. Entry fee is $25.00 for Run/Walk and $15.00 for Wheelchair Challenge. For multi-family member entry fee, contact the Race Director.

Add $5.00 for race day registration (8-8:30AM at H. Odell Weeks)

Sponsorship

If you wish to support the race, kindly make a check out to **Run, Walk, or Roll** and mail to 422 West Pleasant Colony Aiken, SC 29803. Proceeds will be donated to the National MS Society.

Race Details

Course is flat & fast if you're looking for a PR race (chip timing provided by Strictly Running). Awards will be presented for overall male/female and 1st, 2nd & 3rd in 5 year age groups. Wheelchair entries have the option to participate with or without assistance.

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Registration Form

(One form required for each participant)

Please print information clearly

_____ Male ☐ Female ☐
First Name Last Name

_____/_____/_____ _____ _____
DOB (mm/dd/yyyy) Age (on race day) Email

_____
Street/City / State / Zip Phone #

I will participate in the following event:

5K Run/Walk ($25.00) ☐
2Mi Wheelchair Challenge ($15.00) ☐

For multi-family member entry fee,
Call Lori Comshaw (803) 443-9771

Send check and form to:
Run, Walk, or Roll
422 West Pleasant Colony
Aiken, SC 29803

Pre-registration ends Dec. 5th
Race day registration, add $5.00

T-Shirt Size:

Children		Adult			
S	☐	S	☐	XL	☐
M	☐	M	☐	XXL	☐
L	☐	L	☐		

Shirts are provided to all pre-registered participants. Those registering on race day are not guaranteed a shirt or correct size.

Packets
Race packets will be available for pick-up at H. Odell Weeks on Friday December 7th, from 6:30pm-8:30pm and on race day at 7:30am

EVENT WAIVER
I understand and agree to the following:
In consideration of the acceptance of this entry, I do hereby, for myself, my heirs, my executors, administrators, personal representatives, trustees, assigns, and anyone entitled to act on my behalf, irrevocably release and hold harmless the sponsors and operators of Run, Walk, or Roll, The City of Aiken, At Home Personal Training, Inc., Fleet Feet of Augusta, and its agents and employees from any and all claims for damages, injuries or illness of any kind or nature, or losses suffered by me as the result of my participation in or traveling to or from the event, to be held on 12/08/2012. I realize this is a potentially strenuous activity which requires physical conditioning and hereby represent and certify that I am in good health and in physical condition to participate in the event. I understand that I am voluntarily participating in the event at my own risk and at my own request. I further agree to indemnify and hold harmless those released for costs, attorneys fee or other expenses should I or any person for or on my behalf file a legal action against any of those described in this document. I also give permission for the free use of my name, picture and voice in any broadcast, telecast, print account or any other account in any medium of this event. I understand that bicycles, in-line skates, skateboards, or scooters are not permitted. I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of those persons or entities released from liability above, and assume full responsibility for my actions while participating in this event.

Date _____
*Signature*_____
(parent or legal guardian must sign if participant is under 18 years of age)