



# 5K & Walk

## 9<sup>th</sup> Annual "Run Fur Their Lives" 5K and "Strut Your Mutt" Walk

Virginia Creeper Trail, Abingdon Trail Head

300 Green Spring Road, Abingdon, VA

Sunday October 6, 2024

Registration/Packet Pick-Up from 12:00pm – 1:30pm / Race Time: 2:00pm

### Run Registration Fees:

\$25.00 until September 21st

\$30.00 after September 21st

### Walk Registration Fees:

\$25.00 until September 21st

\$30.00 after September 21st

Free 5 and younger

### Registration:

Make checks payable to: HTAR

Mail this form to:

Happy Tails Animal Rescue

P.O. Box 95

Abingdon, VA 24212

### For more information contact:

Call 276-682-9799 or

happytailsofwashcova@yahoo.com

### Male & Female Awards for 5K:

Top Overall M/F & Top Dog

Age Groups (Top M/F)

Under 14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

### Only pre-registered by September 21st are guaranteed t-shirts

Headphones are permitted on the course – Strollers are permitted on the course – Friendly leashed dogs are welcome

Additional tax deductible donations may be made to HTAR which is a 501(c)(3) organization

### HTAR 5K RUN & WALK

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE ON RACEDAY \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RACE DAY EMERGENCY CONTACT (NAME & PHONE #) \_\_\_\_\_

CHECK BOX FOR PET PARTICIPATION TEAM/PET NAME \_\_\_\_\_

Race (please circle one)    5K Race    Strut Your Mutt Walk

\*\*\*\*CIRCLE SHIRT SIZE: XS, SM, MD, LG, XL, XXL, XXXL\*\*\*\*

I acknowledge that my dog is friendly, current on all vaccinations, able to provide proof of such vaccinations and that my children under the age of twelve will be supervised by an adult.

*IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE FOREVER ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS AND SPONSORS OF THE EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE DEMANDS, AND ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO AND FROM AND MY PARTICIPATION IN SAID RACE. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT. IN FILLING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND MY OWN LIABILITY AND ABILITY. I FURTHER UNDERSTAND THAT FEES ARE NON-REFUNDABLE DUE TO INCELEMENT WEATHER AND WILL NOT HOLD WE RUN EVENTS OR HTAR LIABLE.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent signature if under the age of 18)