

## RECOVERY



**Saturday, October 1st, 2022, 5K Run/Walk**

**Registration beings at 8am, Run begins at 9am**

**Course:** This run will take place in Haskin's Memorial Park Hike/Bike Trail in Gallipolis, OH. The course is flat and contains grass, gravel and street surfaces.

**Registration:** \$25 Pre-registration via [tristateracer.com](http://tristateracer.com) by September 23rd (guaranteed shirt)  
\$30 after the 18th or on day of event.  
\$20 group rate (5 or more)

**Awards:** First, Second, and Third place overall male and female  
First place overall in each age division male and female

**Race Coordinator: Magan Staten**

**Email:** [magan@walkfm.org](mailto:magan@walkfm.org)

Cut out and mail the official entry form below with check payable to Walk FM (5K in memo)

Walk FM  
PO Box 2317  
Ashland, KY 41105

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**T-Shirt Size (circle):** S M L XL XXL 3X Youth S Youth M Youth L

**Amount Paid:** \$ \_\_\_\_\_ (make checks payable to Walk FM with 5K on memo line)

**WAIVER:** I know running and/or walking in the Walk FM Encouraging Every Step to Recovery 5K is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risk associated with participating in the race, including but not limited to, falls, contact with other participants, the effects of the weather including heat and humidity, traffic and course conditions, all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release Walk FM, The City of Gallipolis, Tri State Racers, and all sponsors and representative supporters and assignees, from any and all injuries or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the person named in the waiver

**Date:** \_\_\_\_\_ **Signature of Entrant/Legal Guardian:** \_\_\_\_\_

