

Race Date: Saturday, April 27, 2024 Race Time: 8:00 am Race Start: Bethany Baptist Church, 16256 Richmond Road, Callao, VA 22435

On-Site Registration – 7:00 am – 7:45 am (Registration closes at 7:45 am SHARP!!) Pre-registration is encouraged!

Runners and Walkers Welcome!

Participant Name:	
Address:	
Phone Number:	
Email:	
Emergency Contact Information:	
Age on Race Day:	_
Male Female	
T-Shirt Size: XS S M L XL XXL	
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Fee: Adults Pre-Registration - \$30.00 Kids under 12 years Pre-Registration - \$15.00 Race-Day Registration - \$35.00 Race-Day Registration - \$20.00

Please make checks payable to: Callao Hometown Community Association, Inc. or CHAC. All proceeds benefit the Callao Hometown Community Association, Inc.

T-Shirts guaranteed to all pre-registered participants. T-Shirts and sizes not guaranteed for walk-in registrations.

Drop entries off at Callao Supply, Van Land Realty, Callao Car Center or email: gocallaova@gmail.com

All participants must sign the waiver on the back of this form.

Waiver and Release of Liability

I, the undersigned below, enter the Callao Crab Crawl 5k Run/Walk medically able and properly trained. I agree to abide by all decisions made by the race officials relative to my ability to safely complete the race. I assume ALL risks associated with running/walking in this event including, but not limited to, injuries related to falls, contact with other participants, traffic and road conditions, and the effects of weather including high heat/humidity.

All such risks are known and appreciated by me. By signing this waiver, I acknowledge that I have read it and understand the risks associated with the race. By signing, I release the Callao Hometown Community Association, Inc., its officers and directors, the race director, sponsors and volunteers (referred to as the "beneficiaries") from all claims and liabilities of any kind arising out of my voluntary participation in this event (referred to as the "liability") even if the liability arises out of negligence or carelessness on the part of the person named in this waiver.

I understand and agree (as covenant not to sue) that the beneficiaries shall not be liable for any claims, demands, damages, actions, causes of action, or suits of any kind and nature, resulting from any liability, whether or not the fault of the beneficiaries or as a result of their having caused or contributed thereto.

Signed: _____ (Guardian if under 18 years)

Name Printed: _____

Date: _____