

Clinch River Days Festival 5.5K Trail Challenge Run

Saturday, May 31, 2025

16360 Bush Pl, Saint Paul, VA (Behind Tate, Inc., Factory Building)

MAIL REGISTRATIONS TO: CLINCH RIVER DAYS 5.5K

c/o Joyce Kilgore, P.O Box 127, Saint Paul, VA 24283-0127

Email: clinchriverdays5.5K@gmail.com

Registration Begins: 5:30 p.m.

Race Begins: 6:00 p.m.

Pre-Registration Fee: \$20 before 5/25/25 (Checks payable to Clinch River Days)

Regular Registration Fee: \$25

Credit Cards accepted on day of race with \$1 surcharge, but bring backup option

(Please print)

Name _____ **Age** _____ **Sex** _____

Address _____ **Date of Birth** ____/____/____

City/ST/Zip _____ **Ph # ()** _____

Email _____

Race Day Emergency Contact (Name and Phone) _____

PLEASE CIRCLE SHIRT SIZE: SM, MD, LG, XL, XXL

I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. If, as a result of my participation in this event, I require medical attention, I hereby give my consent to authorized medical personnel to provide such medical care as is deemed necessary by said personnel. I assume all risks associated with running this event, including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity, traffic and course conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the State of Franklin Track Club and its officers and agents; the Town of Saint Paul, Virginia; Clinch River State Park; Clinch River Days Festival Committee; St. Paul Tomorrow, Inc.; all event personnel and volunteers; and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of any person(s) named herein. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose.

By signing below, I acknowledge that I have read and do understand and abide by this release.

Signature of Runner (or parent/guardian if participant under 18)

Sign Name: _____

Date: _____

Trophies (Male & Female)

Overall Top 3

Age Groups: 19 & Under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

Ribbons for 2nd & 3rd Place Age Group Runner-Ups

Grandmasters, Masters, and Youngmasters, Top Walker Trophies

Headphones and Strollers Permitted on the Course at your own risk & liability