



Celebrating 10 years of Rc3 and 250 years of the USA!

6:30-7:30AM – Day-of Reg & packet pick-up

8:00AM - Start for 5K and 10K

9:30AM - 1 Mile start

Saturday
May 9, 2026
5k .10k .1 mi.
one sweet run!

Rc³

Race begins and ends at Rc³!

Flat & fast course through Historic Downtown Dayton, TN!

Packet Pick-up: Friday, May 8 @ Rc³ 5pm – 9pm or day-of.

I am registering for the.... PLEASE CHECK ONE:

5K - \$35 (after April 17-\$40)

10K - \$40 (after April 17-\$45)

One Mile Family Fun Run/Walk - \$20 (after April 17 - \$25)

Name: _____ Sex: M F (circle one)

Email address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ / _____ / _____

SHIRT

ADULT AXS ____ AS ____ AM ____ AL ____ AXL ____ AXXL ____ AXXXL ____
ALL SHIRTS ARE UNISEX.

YOUTH YXS (2-4) ____ YS (6-8) ____ YM (10-12) ____ YL (14-16) ____

5K/10K participants receive performance shirts. 1 milers receive cotton shirt.

Shirts guaranteed @ packet pick-up for those registered by 4/17/26.

WAIVER AND RELEASE: I, individually, (and/or parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive and forever discharge the Rhea County Community Center and any and all other supporting groups of this said racing event including the City of Dayton, Rhea County, and Terra Running Company, together with all of their officers, agents, officials, and employees from any and all liability, claims, demands, actions or cause of action whatsoever arising out of, or related to any injury, illness, loss or damage including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. The undersigned, in my capacity as participant, parent, or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur in this event.

SIGNATURE: _____ **DATE:** _____

(MUST BE SIGNED BY PARENT OR GUARDIAN IF UNDER AGE 19)

REGISTER ONLINE AT:

[https://runsignup.com/Race/TN/Dayton/
StrawberryChase5k10k1Mile](https://runsignup.com/Race/TN/Dayton/StrawberryChase5k10k1Mile)



Rc³

232 4th Avenue Dayton, TN 37321

423-775-0821

More info: Rc3dayton.com

OFFICE USE ONLY:

Date received: _____

Amount paid: _____

Payment method: cash check CC

