

Rc³ STRAWBERRY CHASE

5k/10k/1mi

one sweet run

5/8/2020



7:00AM - REGISTRATION and packet pick-up

7:45AM - Start for 5K and 10K

9:15AM - 1 Mile start

• Race begins and ends at Rc³!

• Flat and fast course through Historic Downtown Dayton, TN!

• Packet Pick-up: Friday, May 7 @ Rc³ 6pm – 8pm or day-of.

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

☐ 5K - \$30 (after April 23-\$35)

☐ 10K - \$35 (after April 23-\$40)

☐ One Mile Family Fun Run/Walk - \$15 (after April 23 - \$20)

Name: _____ Sex: M F (circle one)

Email address: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: ____/____/____

Shirt: ADULT AS ____ AM ____ AL ____ AXL ____ AXXL ____ AXXXL ____

(FOR 5K/10K CIRCLE ONE: women's cut men's cut)

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

- 5K/10K participants receive performance shirts. Women's and men's cuts available. 1 milers receive a cotton shirt.
- Shirts guaranteed @ packet pick-up for those registered by 4/27/19.

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 Total Race Solutions, 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)

Make Checks Payable To: Rc³

OFFICE USE ONLY:

Date received: _____

Amount paid: _____

Payment method: cash check CC

Mail Entry To:

Rc³

232 4th Ave.

Dayton, TN 37321

(423)775-0821

REGISTER ONLINE AT:

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

StrawberryChase

5K10k1MileFunRunWalk