

Salt Trail 5K Run/Walk

Saturday, September 3, 2016

5k Run/Walk starts at 8:00 a.m.

On-site Registration 6:30 - 7:30 a.m.

Downtown Saltville, VA, near Pavilion and Post Office



6th annual race on the Salt Trail. Funds go to support the Upper Tennessee River Roundtable, and their work restoring Southwest Virginia's rivers.

Pre-Registration (until August 1): \$20 (\$10 for under 18 years old/over 60 years old)

* If you want a race tee-shirt, please circle the preferred size:

Small Medium Large XL XXL Thanks, but I don't want a shirt. Please give my entire registration fee to the UTRR

Registration after August 1 and on race day: \$25 (\$15 for under 18/over 60)

* Race tee-shirts available to first 25 to register on race day, sizes first come-first serve

Male & Female Awards (top 2 in each category): 19 and under, 20-29, 30-39, 40-49, 50-59, 60 and over

Questions? Contact Carol Doss at 276-628-1600, uppertnriver@yahoo.com

5th Annual Salt Trail 5K Run/Walk

Last Name _____ First Name _____ M.I. _____

Sex _____ Age On Race day _____ E- Mail _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____

Race Day Emergency Contact (name and phone) _____

IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE FOREVER ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS AND SPONSORS OF THIS EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE DEMANDS, AND ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO AND FROM AND MY PARTICIPATION IN SAID RACE. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT. IN FILLING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND MY OWN LIABILITY AND ABILITY.

Send Registration to:
Upper Tennessee River Roundtable c/o Carol Doss,
PO Box 2359 Abingdon, VA 24210

Registration Fee: _____
Additional Donation (Optional): _____
Total Enclosed: _____

SIGNATURE _____ DATE ____/____/____ (Parent signature if under the age of 18)