

Bob and Sue Duncan Memorial 5k Runner Registration Form

Saturday, April 6, 2024
Check in begins at 9:00 a.m.
Race begins at 10:00 a.m.
A VMCVM SCACVP Event

Registration fees:
Runner over 12: \$20
Child under 12: \$10
Student: \$15
Canine: \$5

****If planning to bring your dog to the event or run/walk with your dog during the race: please fill out the additional Dog Waiver Form and submit with proof of current rabies vaccination****

All payments will be collected on the morning of the race between 9:00am – 10:00am in the VMCVM VMIA. All proceeds go directly to the Bob Duncan Memorial Diagnostic Veterinary Pathology Scholarship Fund.

Location: VT Cross Country Course, behind Virginia-Maryland College of Veterinary Medicine, 205 Duck Pond Drive, Blacksburg, VA. Check-in will be in the VMCVM Grove.

Route: The entire run will be on the Virginia Tech cross country course. The course will be marked. Water will be available at the finish and at the halfway marker. Raffle, music, lawn games, and food to follow in the VMCVM VMIA.

PLEASE PRINT CLEARLY

Last Name _____ First Name _____

Address _____

Phone number _____ Email address _____

School enrolled in (students only) _____

Waiver: I know that running a race is a potentially hazardous activity which could cause injury or death. I will not enter and participate unless I am medically able and properly trained. By my signature, I certify that I am medically able to perform in this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, contact with dogs, the effects of weather (including high heat and/or humidity), traffic and conditions of the course, all such risks being known and appreciated by me. I understand that bicycles are not allowed in the race and I will abide by all race rules. 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 Bob and Sue Duncan 5K, the town of Blacksburg, Virginia Polytechnic Institute and State University, the VMCVM SCACVP, Runabout Sports, the Commonwealth of Virginia, the Road Runners Club of America, all event 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 the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

(if participant is under 18 years old)