

NDANA 2020 5K Run/Walk Registration Form

Date: Saturday, October 17, 2020
Starting Time: 5K Race STARTS Promptly @ 10:00 a.m.
Location: Pocahontas State Park, Dance Rd, Chesterfield, VA 23838
(0.9 miles from park entrance on Beach Road)
Entry Fee: \$20/participant, Kids 12 and under free (Refreshments include water, snacks, & fruit)
Registration: Pre-registration ends, 4pm, Friday, October 16, 2020
Race day Registration from 9 - 9:40a.m
Parking: Free Parking to 5K participants
Food: Race refreshments include water, snacks, & fruit
Awards: 1st & 2nd place Walkers age > 18 1st & 2nd place Runners age > 18
1st & 2nd place Walkers age 12-18 1st & 2nd place Runners age 12-18
1st & 2nd place Walkers < 12 1st & 2nd place Runners age < 12

NDANA 5K Registration

Last Name

First Name

Registration Date ___ / ___ / ___ **Age on October 17, 2020:**

___ / ___ / ___ **Date of Birth**

Kids under 12 FREE but Please fill out a registration form for all participants.

E-mail: _____ **for receipt**

I paid by VENMO 804-439-0612

I plan to pay cash at the event

Waiver of Liability:

I, _____ (print name), acknowledge that my participation in the 2020 5K NDANA Run/Walk Event, Saturday, October 17th, 2020, at Pocahontas State Park, 10301 State Park Road, Chesterfield, VA 23832, involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge Narcotics Anonymous and their respective directors, officers, employees, volunteers, affiliates, members, agents, and representatives, of and from any and all liability from injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5K Run/Walk. Print Name _____ Date ___ / ___ / ___

*With the submission of my registration, I am acknowledging that I have read and I agree with this Waiver of Liability and will participate in the NDANA 2020 5K Run/Walk. I, _____, am the parent of _____
Print Parent's Name: _____ Print Name of child under 18 _____ Date ___ / ___ / ___

How are you registering? Check one.

I am emailing my registration to:
20205krunwalk@gmail.com

I am texting a picture of my registration to:
804-840-2757.

How do you plan to participate?

Runner Walker

