Heroes for Hunger

"Saving the world one tummy at a time"

Race Information

Thank you for participating in Riverheads High School's Blue Ridge Chapter of National Honor Society's 2nd Annual "Heroes for Hunger" 5K Run/Walk! All proceeds will benefit the Blue Ridge Area Food Bank. There will also be a canned food driving happening simultaneously, so please bring canned food! We appreciate your support and enthusiasm!

Location:	Riverheads High School, Staunton, VA	
Date:	Saturday, May 21, 2016	**RAIN OR SHINE**
Time:	6:45-7:30 am **Registration**	8:00 am **5K Race Start**
Registration:	$25.00*- Register by April 29	
	$30.00*- Late registrants** (April 29-May 21)	

*Payments must be made by cash or check (Please make checks payable to "RHS" and in the memo write "NHS Heroes for Hunger 5K)

**Late registrants will not be guaranteed a T-Shirt

Rules

- No offensive language may be used at any time during the race.
- Participants are expected not to make contact with other participants, including but not limited to tripping, kicking, pushing, punching, etc.
- Participants are expected to wear family appropriate clothing.
- No animals are allowed at any time during the race.
- Participants are expected to follow the instruction of race administrators.
- All rules of Riverheads High School and Augusta County Public Schools will be in effect.
- Responsible conduct is expected from all participants.

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Registration Form

Please complete one registration form for each runner. Multiple registrations can be paid via one check. Please complete the following form and mail or bring to:

Riverheads High School
Attn: NHS Heroes for Hunger 5K
19 Howardsville Road
Staunton, VA 24401

Runner Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: M F T-Shirt Size (circle): S M L XL XXL

Email Address: _____ Phone: _____

Mailing Address: _____City/Zip:_____.

Emergency Contact

Name: _____ Relation to Runner:_____

Number: _____

Waiver

I am aware that I am participating in a potentially hazardous event that may result in injury or death. I agree that I am medically capable to participate in the event. I agree to respect the rules and regulations put forth by the organizing party of this event. I agree that any violation of these rules can result in my expulsion from the event. I know that violation of the rules decreases safety for myself and other participants. I am aware of all risks involved in participation of the event, including (but not limited to) falls, other participants, and potential head trauma, which can result in concussion and other mental issues. I know bicycles, skateboards, roller blades, and other means of like transportation are not allowed in the event. I also know no animals will be permitted. I agree to the use of my image in or in affiliation with this event for any purpose by any affiliated party. I am aware that I will be on the Riverheads High School campus, and all school rules, including, but not limited to the use, selling, and carrying of alcohol, drugs and tobacco products is illegal.

If participating party is under the age of 18 years, the participant and legal guardian understand and agree to all terms and conditions.

I have read and agree to the above conditions. I understand I must agree to the above terms and conditions to participate in the event. I verify that the information I have entered above is accurate. I release all liabilities and legal responsibilities of Riverheads High School, National Honor Society, members of the organizations, all sponsors, and affiliating groups, organizations, and individuals from my participation in this event, even if liability comes from irresponsibility and negligence from individuals, groups, or organizations not named. With my signature below, I agree to the above terms and conditions.

Printed Name of Participant:_____Date:_____.

Signature _____

Printed Name of Legal Guardian (if under age 18) _____.

Signature of Legal Guardian (if under age 18)_____

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For Office Use Only

Date Registration Received_____Amount Collected for Registration _____.

Received by:_____Payment Method: Cash Check #:_____.