**WT NHS 5K: SUNRISE EDITION**

**Saturday, May 11, 2024**

 1 Mile Run/Walk and 5K Race: **8:00 A.M.**

Registration Begins: **7:15 A.M.**

Location: **Payne Elementary School Ball Field**

*Proceeds will benefit the Jayce Pierce family.*

**Entry Fees:**

**-**- $20 Pre-register by **Monday, April 15** (guarantees a t-shirt)

--$25 day of Race

--**Students 18 and under:** $15 pre-register, $20 day of race

**\*\*WEAR NEON\*\* socks, shoelaces, headbands, shirts, shorts!**

**T-shirt pick-up available on Friday, May 10 at WTHS from 3:00 – 5:00. If you come Friday, you do not have to register the day of the race.**

**Course Directions:** Payne Ball Field 501 W. Townline Payne, OH 45880 (across from the Payne Elementary School)

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**----------------------------------------------- REGISTRATION FORM --------------------------------------------------**

**Name:** ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this event. Having read this waiver and knowing these facts and in consideration of accepting my entry, I and anyone entitled to act on my behalf waive and release Wayne Trace, the NHS Members, and all race volunteers from claims and liabilities of any kind arising out of my participation in this event. I also grant all right to the aforementioned to use any photographs for a legitimate purpose.

***Circle One:*** 5K Run - 1 Mile Run/Walk

Age:\_\_\_\_ M/F:\_\_\_\_\_

**T-Shirt Size**

**Child sizes** S M L

**Adult sizes** S M L XL XXL XXXL

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is NO rain date; We Go Rain or Shine. In case of inclement weather, the WT NHS reserves the right to cancel/alter/modify the race/course for safety concerns. In any case, there will be No Refunds of race entry fees. Also, there is no complimentary race entry to a future race. All monies collected, after expenses, will go to the Pierce family.

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

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**Signature (If under 18-parent/guardian) Date**

Please make checks payable to: *Wayne Trace NHS*

Mail Applications to: Wayne Trace Attn: NHS 4915 U.S. 127 Haviland, OH 45851

For more information email: *klopfensteinj@waynetrace.org*