

CLARKE COUNTY PARKS AND RECREATION PRESENTS:

2016 ZOMBIE 5K CHASE

in partnership with *Clarke County Education Foundation, Inc*
Supporting Our Public Schools



PICK YOUR SIDE:

Saturday, September 24th — Check-in/Late Registration: 2:30PM Race: 4PM

Runners/Walkers/Super-Heroes:

150902A Runner/Walker \$15*
150902B Super-Hero \$15*

ZOMBIE CHASERS & ZOMBIE CREEPERS:

150902C Zombie Chaser \$15*
150902D Zombie Creepers \$10

Special School Division this Year with a Reduced Fee \$5 per Student

- Race Registration/Late Registrations: **Open to the first 200 Participants!!**
- **All Fees will increase after Sept 23rd \$20 for Racers and \$10 for Students*
- **Guaranteed Tee-Shirt** for the first 50 participants



- ❖ Show up: Fitness Trail- Chet Hobert Park - **Beware of the WOODS**
- ❖ Awards: TOP 3 fastest Females and Males (No age groups) **Run FAST!!**
- ❖ Prizes: Costume Contests, Zombie Parade, **Pre and Post Race Activities**

- **Parking:** will be at Chet Hobert Park in the swimming pool parking lot*
- **Pre-Registration-Sign up Early!!** Choose your Costume: Pick carefully so U can run fast and SEE

Warning event **WILL SCARE** racers young, old and in between

RUN FOR YOUR LIFE



Questions?

Contact: Tracey Pitcock, Race Director

tpitcock@clarkecounty.gov or 540.955.5149



2016 ZOMBIE 5K CHASE



**Please complete form for each member of your team or family and remit with payment
Drop off at the Park or Mail check & Race Application to:**

Please make checks payable to: **CCPR**

Mail to:

Clarke County Parks and Recreation

225 Al Smith Circle Berryville, VA 22611 540-955-5140

Cash/Check/Credit Card (*Phone-In Registrations must accompany Race Application*)

5K Position (please circle):

Runners

Walkers

Super-Heroes

ZOMBIE CHASERS

ZOMBIE CREEPERS

Participants Name: _____ Age (must be 10+): _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact for Day of Race: Name: _____ Phone: _____

T-Shirt SIZE: (please circle one)

Youth LARGE ONLY

Adult SMALL

MEDIUM

LARGE

X-LARGE

XXL

Form of Payment (please circle one): CASH CHECK CREDIT CARD

Credit Card Info (please circle one) VISA, MasterCard, AMEX, Discover

*****NO REFUNDS*****

Card Number: _____ Exp: ____/20 Signature: _____

RELEASE: IN CONSIDERATION OF YOUR ACCEPTANCE OF MY ENTRY, I DO HEREBY RELEASE THE SPONSORS OF THE ZOMBIE 5K CHASE, THE RACE DIRECTOR, STAFF AND VOLUNTEERS, CLARKE COUNTY PARKS AND RECREATION, JOINTLY AND SEVERALLY, FROM ANY AND ALL LIABILITY FOR ILLNESS, INJURY, AND DAMAGES I MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THIS EVENT. I KNOW THAT RUNNING A 5K RACE IS A POTENTIALLY HAZARDOUS ACTIVITY AND THAT I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I UNDERSTAND THE SPONSORS, DIRECTOR, AND STAFF MAY USE MY NAME IN THE PUBLICITY AND PROMOTION OF THIS EVENT WITHOUT OBLIGATION OR LIABILITY TO ME.

SIGNATURE (parent or guardian if under 18):

DATE: _____