



The 54th Charleston Distance Run

Events: 15-mile race, 3-person 15-mile relay and 5K run/walk

Saturday, September 4, 2027 • Charleston, West Virginia

Register online at www.CharlestonDistanceRun.com

1. SELECT EVENT

(One entry per form)

Rates per person for entries received by:

Feb. 28 June 15 Sept. 2 In person
Sept. 3

☐ 15-mile race	\$45	\$65	\$85	\$95
☐ 15-mile 3-person relay	\$40	\$55	\$65	\$75
☐ 5K run/walk	\$25	\$35	\$40	\$50

Register online

(no processing fee)



U.S. service members, veterans, and first responders receive a 50% discount for all events.

Use coupon code **CDRMIL27** when registering online. We may ask for ID at packet pickup.

2. PARTICIPANT INFORMATION (please print clearly)

FIRST NAME			
LAST NAME			
DIVISION ☐ FEMALE ☐ MALE	BIRTHDAY	AGE ON RACE DAY	☐ Wheelchair ☐ Hand Cycle
EMAIL ADDRESS			
PHONE NUMBER			
MAILING ADDRESS			ZIP
CITY		STATE	COUNTRY

PARTICIPANT T-SHIRT SIZE

Included in race entry fee.
Sizes are not guaranteed after shirt deadline. See website.

- ☐ X-Small ☐ Large
☐ Small ☐ X-Large
☐ Medium ☐ 2X-Large

EMERGENCY CONTACT

NAME:

PHONE:

3. RELAY TEAM INFORMATION

TEAM NAME:	
DIVISION: ☐ Male team ☐ Female team ☐ Co-ed team	Relay registration fees are per team member. Legs are 3, 5 and 7 miles with both exchanges on the South Side Bridge. Runners registered for the 15-mile race may also run the first leg of the 3-person relay wearing two bibs with both visible. Dual participants must register and pay for both events.

Mail entry form and payment to:

Charleston Distance Run
P.O. Box 11595
Charleston, WV 25339

Checks payable to **RRCA Charleston Distance Run**.

Entry fees for mailed entry forms will be based on postmark. All mailed entries must be received by Thursday before race day.

All race fees are non-refundable and non-deferrable.

Transfer events by email request to:

Treasurer@CharlestonDistanceRun.com

4. WAIVER

I, the undersigned, waive and release for myself, my heirs, executors, and administrators, any and all rights and claims for damages, demands, and any other actions whatsoever, which I may have against Charleston Distance Run, Inc., its committee members and volunteers, the City of Charleston, all participating sponsors and supporters of those entities, successors, representatives, and assigns, arising out of my participation in this event, including any and all injuries, including death, suffered by me as a result of my participation in this event. I consider myself adequately trained for the completion of this event. Should I suffer an injury or illness, I authorize officials of this race to use their discretion to have me medically treated and transported to a medical facility. I also authorize Charleston Distance Run, Inc. to use any photograph or video taken of me during any of the Charleston Distance Run events to be used in any promotional materials.	
SIGNATURE (Parent or guardian MUST sign if under 18)	DATE

FOR RACE USE DATE RECEIVED:

TOTAL PAID:

☐ CREDIT CARD ☐ CASH ☐ CHECK #