



**3<sup>rd</sup> ANNUAL DIAPER DASH 5K**  
**VIRTUAL WALK/RUN**  
**September 25 – October 19, 2022**  
Benefiting the Metro Valley Gabriel Project  
*Helping babies have a healthy, safe start in life!*

**5K Participant Mail-In Form**  
*(Please print clearly)*

_____ Last Name	_____ First Name	_____ M/F	_____ Date of Birth
_____ Address	_____ City	_____ State	_____ Zip
_____ Phone Number		_____ Email Address	

I will participate in the following: \_\_\_\_5k Run \_\_\_\_5K Walk

**Cost: Registration is \$30/person. Please make checks payable to "Metro Valley Gabriel Project" and mail to Metro Valley Gabriel Project, PO Box 11182, Charleston, WV 25339. Must be postmarked by October 19<sup>th</sup>!**

T-Shirt Size \_\_\_\_S \_\_\_\_M \_\_\_\_L \_\_\_\_XL \_\_\_\_XXL

Waiver: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against The Gabriel Project, Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend, and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. As it applies to my participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

_____ Signature	_____ Date
_____ Parent or Guardian (if participant is under age 18)	_____ Date

**Questions? Email: [metrovalley@gabrielwv.org](mailto:metrovalley@gabrielwv.org) or call 304-205-5865**  
**[www.gabrielwv.org](http://www.gabrielwv.org)**