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## Last Fright 5k Run/Walk Registration Form

Event Date: Saturday, November 1, 2025

Start Time: 7:30 AM

Location: 4549 Malus Drive, Salem, VA 24153

Hosted by/Benefitting: [Name of Organization or Charity]

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### Participant Information

*Please print clearly.*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age on Race Day: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Non-binary / Prefer not to say

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### Race Details

Please select your event:

☐ 5K Run

☐ 5K Walk

☐ Kids' Fun Run

**Team Name (if applicable):** \_\_\_\_\_

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## Emergency Contact Information

*This person will only be contacted in case of an emergency.*

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

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## Waiver and Release of Liability

I acknowledge that I am voluntarily participating in the **Last Fright 5k** Run/Walk. I understand that running or walking in a road race is a potentially hazardous activity. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event, including but not to: falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me.

In consideration of your accepting my entry, I, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the race organizers, [Name of Organization], sponsors, volunteers, and the city/county where the event is held, for any and all injuries suffered by me in said event. I also grant full permission for organizers to use my likeness in photographs, videos, or any other record of this event for any legitimate purpose.

**I have read this waiver and understand its terms.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Signature of Parent/Guardian required if participant is under 18 years of age)**

**Parent/Guardian Signature:** \_\_\_\_\_

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## Registration Fees & Payment

### Registration Fees:

- 5K Run/Walk: \$20.00
- Kids' Fun Run: \$10.00

### Payment:

- Registration Fee: \$ \_\_\_\_\_
- Optional Donation to [Charity Name]: \$ \_\_\_\_\_
- Total Amount Enclosed: \$ \_\_\_\_\_

### Payment Method:

☐ Check: Please make checks payable to Glenvar High School. Please write "Glenvar Cross Country" in the memo line.

☐ Cash: (For in-person registration only)

Mail this completed form and payment to:

4549 Malus Drive

Salem, VA 24153

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**Thank you for your participation!**