



## **Black River Run 5K Run/Walk**

### **Race Purpose**

The race proceeds will go towards sending the Junior Leadership of Williamsburg participants to Washington, D.C. for a Leadership Tour of our Capital following completion of the six-month leadership program.

### **WHAT/WHEN/WHERE:**

- **5K Run/Walk Race**
- **Saturday - May 7th, 2016**
- **Start time- 9 am**
- 698 Singleton Avenue, Kingstree, SC 29556
- The race will start and finish at Gilland Park in Kingstree. The course will begin in the beautiful Town owned park along Black River and the route will run through a residential part of the City of Kingstree and Williamsburg County. It will then head back to Gilland Park.

### **Entry Fees**

Preregistration Deadline: April 29th, 2016

5K Run/Walk: \$25.00(t-shirts guaranteed)

### **Race Day**

5K Run/Walk: \$30.00 (t-shirts while supplies last)

### **Pre-Registration**

To be pre-registered your completed registration form must be received by April 29<sup>th</sup>, 2016. Please make checks payable to:

Hometown Chamber  
c/o 4-H JLW

PO Box 696, Kingstree, SC 29556

**\*\*If you are mailing your form and check, please do so by April 22<sup>nd</sup> to ensure delivery before race day**

### **Race Day Information**

Registration Time: 8:00-8:45

Gilland Park (parking at boat ramp parking lot in the park and along Singleton Avenue towards the entrance of the park)

### **Awards**

Overall: Male/Female (1, 2, 3)

Masters: Male/Female (1) 40 or over

Age Groups: Male/Female (1, 2, 3) (12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, and 70 and above)

### **Contact:**

Carly Smith (Clemson Extension 4-H Agent)  
9 Courthouse Square  
Kingstree, SC 29556  
843-355-6106

### **Registration Form**

[www.carolinarunningcompany.com/races](http://www.carolinarunningcompany.com/races)



## **Registration Form**

Saturday, May 7, 2016 - 9:00 AM - Gilland Park- 698 Singleton Avenue, Kingstree, SC 29556 (*Please fill out a separate form for each family member*)

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First Name

Last Name

Age (on Race Day)

Male/Female

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Address

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City/ State/Zip

Phone Number

Email

**I will participate in the following event:**

5k Run/Walk \$25.00\_\_\_\_\_

Make Checks payable to: **Hometown Chamber**

**c/o 4-H JLW**

**PO Box 696**

**Kingstree, SC 29556**

**T-Shirt Size:** S\_\_\_\_\_ M\_\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_ XXL\_\_\_\_\_

**Note** - Shirts are provided to early registration participants. Those registering on site are not guaranteed a shirt.

# Clemson University Parental Permission Form and Release of Liability for **Youth** Programs

I, \_\_\_\_\_, am the parent and/or legal guardian of  
\_\_\_\_\_, a **minor child under the age of 18 years**. I would like to have my child participate in the following 5K walk/run race in Kingstree, SC which will take place on Saturday, May 7, 2016.

In consideration for my child being allowed to participate in this 5K walk/run race, I the undersigned, acknowledge, appreciate and agree that:

1. This 5K walk/run race affords my child the opportunity to participate in activities, including, but not limited to: running and walking. There are inherent risks involved with these activities, including but not limited falling, short of breath, fatigue, over heated. I choose to voluntarily allow my child to participate in this 5K walk/run race. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this 5K walk/run race. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that this 5K walk/run race is physically strenuous and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this 5K walk/run race, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this 5K walk/run race.

I HAVE CAREFULLY READ THIS PERMISSION FORM AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Date

## **Waiver and Release Statement (All Adult Athletes must read and sign)**

I have read the accompanying event information and understand the policies of the event. I know that running and walking in a 5K race is a potentially hazardous event. I should not enter unless I am medically able and properly trained. I assume all risks associated with my voluntary participation of this event, including but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures, traffic and all conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry. I for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and waive. Release and discharge Clemson University, Williamsburg County 4-H, Williamsburg County Tourism Board, Carolina Running Company, Town of Kingstree, all sponsors, race officials, workers or volunteers, their representatives, successors or assigns for any or all claims and liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsors, organizers and or agents authorized by them, to use and photographs and/or videotapes for any reasonable purpose.

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Should you require special accommodations due to a disability, please notify our office ten days prior to the event.

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Signature of Participant

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Date