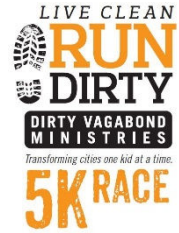


Dirty Vagabond 5K & 1 Mile Run/ Walk

Benefitting the Dirty Vagabond Ministries

SUNDAY, November 6, 2016 1 PM, Greenville, NC



Join us on November 6 for this 5K and Fun Run/Walk to benefit the Dirty Vagabond Ministries, an organization that provides Christian Youth Ministry to urban communities.

COURSES - The 5K race course is USATF certified, pancake flat and fast course that starts near the Greenville Hilton, runs through the scenic Westhaven neighborhood before returning to the finish line back at the Hilton. The Fun Run/Walk is out and back. The events are based from the rear parking lot of the Greenville NC Hilton. (207 Greenville Blvd, Greenville, NC 27858). The 5K starts at 1 PM, and the 1 Mile Run/Walk starts at 1:30 PM.

TIMING AND SCORING – Chip timing provided by Run the East LLC. Results will be announced shortly after all finishers complete the race and will be posted online at runtheeast.com

ENTRY FEES – 5K - \$25 if postmarked by Saturday, October 29, \$30 thereafter and race day. 1 Mile Run/Walk, \$15 pre-registered and \$20 on race day. Do not mail entries after October 29th, just bring to the race. Online registration is available at <https://runsignup.com/Race/NC/Greenville/DirtyVagabond5K> until midnight on October 29th. T-shirts included for registrations through October 29th. NOTE: Entry fee increases to \$30 for 5K and \$20 for 1M after October 29th.

T-SHIRTS – Guaranteed size to all that are registered by Saturday October 29th.

5K AWARDS - Top 3 Male and Female overall, and to the top M + F in the following age groups: 12 and under, 13-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+.

1 Mile AWARDS – Top 3 M+F 16 and under. All finishers receive their time and overall placing.

REGISTER – Online registration at <https://runsignup.com/Race/NC/Greenville/DirtyVagabond5K> until October 29th and at Greenville Hilton Hotel (rear parking lot) starting at 11:30 AM race day.



CONTACT – Chrysan Tefft, chrysan@dirtyvagabond.com, (630)-779-4864

Make checks payable to “Dirty Vagabond Ministries”

Mail to:

Dirty Vagabond Ministries
PO Box 2161
Greenville, NC 27836

First Name _____ Last _____ Bib (by race) _____

Sex _____ Age on Nov 6, 2016 _____ Birth Date (MM/DD/YYYY) _____ (for age categories)

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Shirt Size _____ Event (5K, 1M) _____

Email Address _____

***** No animals, skates or bicycles are allowed in the event for safety; strollers and wheelchairs are allowed. *****

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for 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 typical 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.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. 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.

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.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signed _____ Date _____

Parent or Guardian, if under 18 _____ Date _____