

**DASH FOR THE CASH! Drawing of \$500.00 WILL BE GIVEN AWAY PLUS  
\$\$\$ PRIZE FOR OVERALL MALE AND FEMALE 1<sup>ST</sup> PLACE**



**The 5th Annual Run-4-Val 5K  
& 1k Health Walk**

**Saturday April 28, 2018 at 8:00 a.m.**

**Centre City Park - Centre, Alabama**

Race updates available at <http://www.odysseyfitness.org>

**\* Chip Timing \***

**\*CERTIFIED 5k Course (#AL14029JD)\***

*This race is held in honor of former City of Centre Police Chief Val Courtney. Proceeds from the event will support a Scholarship Program in memory of Chief Courtney.*

*Awards will be given to the top 3 overall male and female finishers as well as the top three in each age group.*

*0-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69 and 70+*

*T-shirt and Swag Bags to Early Bird registrants ~ There will be door prizes and refreshments at the end of event.*

**Race Day Registration is at the Armory located across from the Shell Mart (125 East By-pass Centre, Alabama) and adjacent to the Centre 1<sup>st</sup> Baptist Recreational Outreach Center (ROC).**

**Early Packet Pick Up Available on Friday, April 27<sup>th</sup> from 12 p.m. until 5p.m. at the Odyssey Spa & Fitness Center 1199 Chesnut By-pass, Centre, Alabama 35960**

**Race Day Registration/Package Pickup: 6:45 a.m. - 7:30 a.m. Race begins: 8 a.m.**

**Race Entry Fee: 5K: \$25 (GRC/ARC Member: \$20) (Early Bird Registration \$20.) (Late Registration fee \$30.)**

**Registration Mail or return to: Odyssey P.O. Box 875 Centre, Alabama 35960 Ph: (256) 927-2772**

**Make checks or money orders payable to RUN 4 VAL – (Do not send cash) I am an     ARC or a     GRC Member**

**Shirt Size (please circle): YS YM YL YXL AS AM AL AXL**

**First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Gender: (Male     or Female    ) Check one DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: (as of April 28,2018)\_\_\_\_\_**

**Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_**

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

**Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_**

**WAIVER:** This release must be signed by each participant or the parent/guardian of each participant: I know that running a road race is a potentially hazardous activity. I should not enter and run The Run 4 Val unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all responsibilities and risks associated with running the event including but not limited to falls, contact with other participants, the effects of weather including high heat/and or humidity, traffic and conditions of the road including death. All such risks are known and appreciated by me. Having read this waiver and knowing the risks and in considerations of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive, and release The City of Centre, Odyssey Health Spa & Fitness, inc, all volunteers, sponsors, together with their employees, contractors, subcontractors, directors, officers, agents, attorneys, representatives, and successors from all claims of liabilities of any kind or character arising from my participation in this event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation.

**I HEARBY CONFIRM THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.**

**PRINT NAME: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**(IF UNDER EIGHTEEN) PRINT NAME OF PARENT/GUARDIAN: \_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DATE: \_\_\_\_\_**

# The 5th Annual Run-4-Val 5K--Virtual Options

## Virtual 5k and 10k

**Actual Race Day:** Saturday April 28, 2018 at 8:00 a.m. **Virtual Dates:** 4/21/18-5/5/2018

Race updates available at <http://www.odysseyfitness.org>

*This race is held in honor of former City of Centre Police Chief Val Courtney. Proceeds from the event will support a Scholarship Program in memory of Chief Courtney. Virtual options are for those who live out of town, who have to be out of town, or who must work on race day. While you will not get to experience all of the fun of the event or the amazing door prizes, you can still receive a shirt, race memorabilia, as well as the praise on our website that you finished your race at your own pace, on your own time, and on your own course. Send proof of your mileage to Eva Garner at [odysseyhealth@tds.net](mailto:odysseyhealth@tds.net) to receive your race swag.*

**5k Virtual Entry Fee:** \$30 (ARC/GRC Members: \$25); this slightly higher fee will cover shipping of the same swag as race day participants.

**10k Virtual Entry Fee:** \$40 (ARC/GRC Members: \$35); this will cover the cost of the same swag of 5k runners and include a unique finisher's medal.

Registration Mail or return to: Odyssey P.O. Box 875 Centre, Alabama 35960 Ph: (256) 927-2772

Make checks or money orders payable to RUN 4 VAL – (Do not send cash) I am an      ARC or a      GRC Member

Shirt Size (please circle): YS YM YL YXL AS AM AL AXL

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: (Male      or Female     ) Check one DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Age: (as of April 28,2018) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

WAIVER: This release must be signed by each participant or the parent/guardian of each participant: I know that running a road race is a potentially hazardous activity. I should not enter and run The Run 4 Val unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all responsibilities and risks associated with running the event including but not limited to falls, contact with other participants, the effects of weather including high heat/and or humidity, traffic and conditions of the road including death. All such risks are known and appreciated by me. Having read this waiver and knowing the risks and in considerations of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive, and release The City of Centre, Odyssey Health Spa & Fitness, inc , all volunteers, sponsors, together with their employees, contractors, subcontractors, directors, officers, agents, attorneys, representatives, and successors from all claims of liabilities of any kind or character arising from my participation in this event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation.

I HEARBY CONFIRM THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

PRINT NAME: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

(IF UNDER EIGHTEEN) PRINT NAME OF PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DATE: \_\_\_\_\_