

VSU XC Labor Day 5K

Monday – September 7, 2020 – 5K starts @ 7:30AM

VSU XC Team benefit

5K Course: Starts on Sustella Avenue, turn right onto Baytree Road, turn left onto North Oak Street, turn right onto Moore Street, turn right onto Williams Street, turn right onto Mary Street, turn right onto Sustella Avenue and finish in the VSU Complex parking lot on Sustella Avenue.

Address: VSU Complex – 401 Baytree Road – Valdosta – 31602 – parking lot driveway is on Sustella Avenue.

Awards: The first 25 Women and 25 Men finishers will receive their award in the finish chute. Then random prizes will be handed out sporadically until all finishers are in. There will be NO AWARDS presentation. Complete, tabulated results will be posted by the 8th of September.

Items Given Away: Each participant will receive a VSU Cross Country Bumper Sticker. Want more bumper stickers? \$5 each. There is No T-Shirt offered – this is a no frill event.

Entry fee: \$10.00 through September 6th by 2:59pm - \$15 on Race Day – September 7th. There is a Family Discount through September 6th by 2:59pm – [Families of 4 with Parent(s)/Children under the age of 18] \$28 if received by 09/06 by 2:59pm. No Family Discount offered on race day – all race day \$15 fee.

Please bring exact change – no refunds, no swapping. Cash or checks made payable to A Course Line, LLC.

Additional Information: Call A Course/Line, LLC...229-630-1455

Registration Form – please print legibly – fill out one entry form for each participant – no refunds or transfers

Name _____

Email Address _____

City _____, State _____ Zip Code _____

Age (as of race date) _____ Birth Date _____ Male ____ Female ____

In consideration of my entry being accepted, I intend to be legally bound and do hereby, for myself, me heirs, and executors, waive all rights and claims for damages which I may have or which hereafter accrue to me against the sponsors or any subsidiary, its or their respective officers, agents, representatives, successors, assigns and sponsors for any and all damages or injuries which may be sustained or suffered by me in connection with my association with or entry or participation in the LD 5K. If I should suffer injury or illness, I authorize the officials of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK. 20200907

Signature of participant

Date

Signature of Parent or Guardian