



23rd Annual 5K Run/Walk – April 18, 2020

“Run for Recovery”

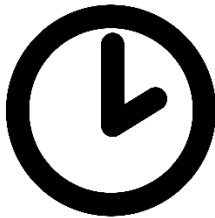
In honor of Alcohol Awareness Month, this annual public event raises awareness about the dangers and negative impact of alcohol abuse and underage drinking that affects an individual, family and community.

COURSE: Run – 3.1 miles & Walk – 1.8 miles passing through scenic and historic neighborhood of Winnsboro

REGISTRATION: www.fairfieldbhs.org · www.strictlyrunning.com · Mailing Address: P. O. Box 388 Physical Address: 178 US Highway 321 Bypass N., Winnsboro, SC 29180

DEADLINE: Team and individual early registration deadline is 8pm, Thursday, April 16, 2020 Late registration fees will apply after that day.

Entry fees are NON-TRANSFERABLE and NON- REFUNDABLE



6:30AM-7:30AM ~ Individual Late Registration, Race Tag, & Recording Chip
7:35AM ~ Welcome, Emcee, & Review Race Rules
8:00AM ~ 3.1 Mile Run
8:05AM ~ 1.8 Mile Walk
10:00AM ~ Finish Line Celebration

AGE CATEGORY & AWARDS: Overall male and female finishers. Top 3 male and female finishers in each category except the new 80+. Overall winners are not eligible for age-category awards.

Call (803) 635-2335 for more information • Detach and return bottom registration form

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Please check all that apply.

Run Walk Individual OR Team (5 or more) Team Name

Team & Individual Early Registration Deadline is 5:00 pm Thursday, April 25th

First Name MI Last Name Sex Age on Race Day

Address City State Zip Code

Phone Email Address (To receive future registration forms)

Entry Fees (NON-TRANSFERABLE and NON- REFUNDABLE) T-Shirt Sizes (with each entry while supplies last)

Early Registration: Individual...\$15 Team Registration...\$10 per person Small Medium Large X-Large XX-Large XXX-Large

Late Registration: Individual Only...\$18 Small Medium Large X-Large XX-Large XXX-Large

Liability Waiver and Release: In consideration of acceptance of the entry, I, my heirs, personal representatives and assigns do hereby release the sponsors, race workers and officials of this race from any and all liability arising from illness, injuries, or other damages I may suffer as a result of participation in such event.

Date Participant Signature Parent/Guardian Signature