

FAIRFIELD BEHAVIORAL HEALTH SERVICES  
PRESENTS:

**“RUN FOR RECOVERY”**

# 25TH ANNUAL 5K RUN/WALK



**LOCATION:**

111 S Congress St, Winnsboro, SC 29180  
(Gazebo next to First Citizens Bank)

**SATURDAY  
APRIL 19, 2025**

Registration Fee

**\$15**

/ Individual

Registration Fee

**\$10**

/ Team per  
person

**Early Registration**

**BEGINS:** Monday, December 2, 2024 @ 9:00 am

**ENDS:** Thursday, April 17, 2025 @ 7:00 p.m.

**Register Now!**

[www.fairfieldbhs.org](http://www.fairfieldbhs.org)

**See Back for More Details**



## 25TH ANNUAL 5K RUN/WALK – SATURDAY, APRIL 19, 2025

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 individuals, family, and community.

**COURSE:** Run – 3.1 miles or Walk –1.8 miles passing through the 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  
 (To register as a team, you must have 5 or more members)

**DEADLINE:** Team and individual early registration deadline is at 7:00 pm on Thursday, April 17, 2025  
 Late registration fees will apply after that day.

**Entry fees are NON-TRANSFERABLE and NON- REFUNDABLE**

### SCHEDULE

**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 80+. Overall winners are not eligible for age-category awards.

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

## 25th Annual 5K Run/Walk



Please Check All That Apply.

Run  Walk  Individual  Team Team Name: \_\_\_\_\_

**Team & Individual Early Registration Deadline is 7:00 pm Thursday, April 17**

First Name	MI	Last Name	Sex	Age on Race Day
Address		City	State	Zip Code
Phone:	Email Address (To receive future registration forms):			

<b>Entry Fees (NON-TRANSFERABLE and NON- REFUNDABLE)</b>	<b>T-Shirt Sizes</b> (with each entry while supplies last)					
<b>Early Registration:</b> Individual...\$15	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Large	<input type="checkbox"/> XXX-Large
<b>Team Registration:</b> \$10 per person	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Large	<input type="checkbox"/> XXX-Large
<b>Late Registration:</b> Individual Only: \$18	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Large	<input type="checkbox"/> 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. I affirm that I am physically able and have sufficiently trained for participating in this event and I am aware that participation in this event could result in severe physical soreness or injury. I understand that the entry fee is non-refundable and nontransferable. Should race officials determine that completion of this event would be injurious to my health, I consent to being removed from the course and treated by the medical personnel in attendance or at their direction. I consent to being photographed and picture(s) to be used in public relation efforts of Fairfield Behavioral Health Services.

Date	Participant Signature	Parent/Guardian Signature
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