

# 32nd Annual



**Saturday, October 15, 2011**

**Beginning at 12 Noon**

*Race Registration is from*

*9:30 - 11:30 a.m.*

*Registration ends at 11:30 a.m.*

Mountain State Apple Harvest Festival

### Entry Fee:

**Pre-Registration With T-shirt \$15**

**Pre-Registration Without T-shirt \$12**

*(Registration form must be post marked by Oct. 7, 2011)*

**Day of Event Registration With T-shirt \$18\***

**Day of Event Registration Without T-shirt \$15**

*\*shirts available while supplies last the day of event*

Awards will be presented to winners in 5 year age groups immediately following the race.

### Mail entry form & registration fee to:

The Wellness Center at City Hospital

Dorothy A. McCormack Center

2000 Foundation Way, Suite 1200

Martinsburg, WV 25401

Attention: Brian White

*Visit the race website at*

*[www.appletrample.com](http://www.appletrample.com) for past results, sponsors, race route and new race info.*

### *Route Information:*

The course is certified by the USATF. The race will start at the McCormack Center on the City Hospital Campus to Tennessee Avenue to King Street. Runners will make a left turn onto Raleigh Street, right onto Martin Street and right onto Queen Street. Runners will follow Queen Street to the finish line at the Martinsburg High School. A bus will be provided to return to the McCormack Center following the award ceremony.

## 32nd Annual Apple Trample Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of 10/15/11) \_\_\_\_\_

Email address: \_\_\_\_\_ MALE ( ) FEMALE ( )

Please circle shirt size, if applicable: S M L XL or No Shirt

Please read & sign the waiver on reverse side.



Here's Your  
Apple Trampoline 5K  
Race Application!

Dorothy A. McCormack Center  
2000 Foundation Way, Suite 1200  
Martinsburg, WV 25401



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**Waiver:**

In consideration of your accepting this entry, I, the below signed, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against City Hospital and any other sponsors and their representatives, successors, and assigns, for any and all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver. I agree to abide by any decisions of a race official relative to my ability to safely run. I assume all risks associated with running/walking in the 5K, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I attest and verify that I will participate in this event as an entrant, that I am physically fit and sufficiently trained for the completion of this event, and my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant full permission to any and all of the aforementioned parties to use my name, likeness and voice, as well as any photographs, videotapes, motion pictures, recordings, or any other record of this event in which I may appear for any legitimate purpose, including television broadcast of the event, the reuse in any media of this broadcast, and in advertising and promotion for such broadcast use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian (if under 18) \_\_\_\_\_

Date: \_\_\_\_\_