

30th annual

Saturday, October 17, 2009

Beginning at 12 Noon



Mountain State Apple Harvest Festival

Race Registration is from
9:30 - 11:30 a.m.

Registration ends at 11:30 a.m.

Sponsored by
The Wellness Center

Entry Fee:

Pre-Registration With Sweatshirt \$17

Pre-Registration Without Sweatshirt \$14

(Registration form must be post marked by Oct. 9, 2009)

Day of Event Registration With Sweatshirt \$20*

Day of Event Registration Without Sweatshirt \$17

***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
ATTN: Brian White

*Please make check payable to
The Wellness Center*

**Visit the race website at
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.

**Chip Timing Provided by
Race Timing Unlimited**

Runners must return the winning time
chip to Race Timing Unlimited at the
completion of the race. Runner not
returning their chip will be billed \$10.

30th Annual Apple Trample Application

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Telephone #: _____

Date of Birth: _____ Age (as of 10/17/09) _____

MALE () FEMALE ()

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

Please read & sign the waiver on reverse side.



Here's Your
Apple Trample 5k
Race Application!

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



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: _____