



## 2019 Bob Baronner Apple Trample 5k

Saturday, October 19, 2019

**Start Times:**  
**11:00 AM for Runners & Walkers**

### Entry Fee:

#### Early Registration Fee by Oct 9

Register online at [www.appletrample.com](http://www.appletrample.com)

**\$25 with a t-shirt, \$20 with no t-shirt**

(If mailed, registration form and check must be postmarked by Oct 9<sup>th</sup>)

#### Registration Fee after Oct 9

Register online at [www.appletrample.com](http://www.appletrample.com)

**\$30 with a t-shirt, \$25 with no t-shirt**

#### Race Day Registration on Oct 19

Register at The Wellness Center 8:30AM - 10:30AM

**\$30 with no guarantee of a t-shirt**

#### Race Day Packet Pickup on Oct 19

Packet pickup at The Wellness Center 8:30AM -10:30AM

Awards will be presented to top overall runners and top 3 runners of each 5 year age group immediately following the race.

**See page 2 for the entry form and waiver. Mail form, signed waiver, and registration fee made payable to [University Healthcare Foundation](#) to:**

The Wellness Center at Berkeley Medical Center  
2000 Foundation Way, Suite 1200  
Martinsburg, WV 25401  
Attn: Brian White

#### 0 to 5k, Train Your Way to a 5k

**8 Week Beginner 5k Training Program**

(for novice or beginner runners or walkers)

Wednesdays at 5:30 p.m., starting August 28

For more information, call 304.264.1287, ext. 31814

or email [dana.dejarnett@wvumedicine.org](mailto:dana.dejarnett@wvumedicine.org)

There is no fee for this training program.

**Visit the race website at**

**[www.appletrample.com](http://www.appletrample.com)**

**to register online or for updates on race info and sponsors. See sponsor opportunities, race route, past race results and training program information.**

#### ***Route Information:***

The course is certified by the USATF.

The race will start at the McCormack Center on the Berkeley Medical Center Campus to Tennessee Ave. to King St.

Runners will make a left turn onto Raleigh St., right onto Martin St. and right onto Queen St. Runners will follow

Queen St. to the finish line at the Martinsburg High School Cobourn Field.

After the awards ceremony, buses will be provided to return to McCormack Center or to King St. and N. Tennessee Ave.



2019

**Bob Baronner Apple Trample 5k  
Application**



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

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

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

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

Date of Birth: \_\_\_\_\_ Age (as of 10/19/19) \_\_\_\_\_

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

( ) I am registering to walk\* ( ) I am registering to run

Please **circle** "shirt size" or "no shirt" selection: S M L XL or No Shirt

Please read & sign waiver below.

(To register online, visit our website at [www.appletrample.com](http://www.appletrample.com).)

**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 WVU Medicine University Healthcare 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: \_\_\_\_\_

***Mail entry form and registration fee (checks made payable to the University Healthcare Foundation) to:  
The Wellness Center at Berkeley Medical Center,  
2000 Foundation Way, Suite 1200, Martinsburg, WV 25401  
Attention: Brian White***