

# VP 5K 18

## Race Day

**SUNDAY, Sept. 30 - 3 pm** rain or shine  
at **VERNON POWELL**, behind mall in Salisbury, MD

## Cost

**FREE!**

**Tech shirts will be available for purchase for \$10.00 on packet pickup day and on race day. 100% of all proceeds will benefit local charities.**

*In appreciation  
of your business,  
come join us for a  
fun-filled event  
great for the whole family!*

## Registration

### Pre-Registration:

Mail or Drop Off:  
VP Shoes, 2401 E. Naylor Mill Rd., Salisbury, MD 21804  
Or Fax: 410-749-8453 (attention Scott)

### Packet Pickup:

Sat., Sept. 29th between 3 & 5 pm at  
The Athlete (Salisbury location)

## Awards

**TOP FINISHER** - Overall Male & Overall Female

**TOP 3 FINISHERS** in each age category

Categories: 14 & under, 15-19, 20-29, 30-39, 40-49,  
50-59, 60-69, 70-79, 80 & over

## Giveaways

### RANDOM DRAWINGS

for shoes, socks, accessories, gift certificates and more

## WAIVER / RELEASE - 5K Run

I know that running/walking or volunteering for a road/trail race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running/walking in this event 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 or trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Eastern Shore Running Club, Vernon Powell Shoe Co., Salisbury Ventures LLC, Eastdale Enterprises LLC, the City of Salisbury, the Road Runners Club of America, including the officers, directors, agents and employees of each of the listed entities, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE IF UNDER 18

\_\_\_\_\_  
NAME

\_\_\_\_\_  
AGE

MALE

FEMALE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
E-MAIL