



**Saturday June 12, 2021 - 9 a.m. Start**

**The Greenbrier County Courthouse,**

**All proceeds benefit HospiceCare and The Peyton Hospice House**

**Course Information:**

The race will start and finish at The Greenbrier County Courthouse in downtown Lewisburg. Participants will turn around at the 3.1-mile marker/water station and return to the Courthouse. Walkers are welcome. COVID-19 protocols will be strictly followed during this event. We ask all participants to read and follow the protocols so that we can have a safe and successful event..

**There is NO race-day registration - Race packets will be picked up that morning.**  
**All participants will receive a finisher medal.**  
**See registration form to buy a t-shirt/tank.**

**Registration:**

**Mail-in Registration - \$25 (non-refundable)**  
**On-line Registration - \$25 + processing fee (non-refundable)**  
**[www.aptiming.com/HospiceCare10K](http://www.aptiming.com/HospiceCare10K)**

***Registration ends at  
midnight May 20, 2021***

Make Checks Payable to:

**HospiceCare**  
**1265 Maplewood Ave.**  
**Lewisburg, WV 24901**

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## **Race Protocols - HospiceCare 10K**

- No race day registration. Everything is online or mailed in prior to deadline to reduce contact.
- Masks are to be worn while waiting for start and upon finishing the race.
- Participants may depart in waves based on pace. Each wave will consist of 25 participants and will set off every minute until all participants have started the race. Fastest groups will be in the first waves with walkers following. Your wave number will be on your bib number.
- Hand sanitizer will be available at. A water station with individual bottled water will be at the turn-around point as well as the finish and handed out by socially distanced volunteers with masks and gloves.
- No other refreshments except water will be provided.
- Finisher medals will be given to all participants upon crossing the finish line. There will be no age category awards.
- Gathering at the finish line is prohibited. If participants have family members/friends waiting for them, they will be required to wear masks and be socially distanced.

# HospiceCare 10k Registration Form

**PLEASE PRINT**

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First Name:

Last Name:

DOB  
(mm/dd/year)

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Address

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City

State

Zip

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E-Mail *(for future race info)*

Phone

If purchasing a shirt/tank please complete information below and include payment with registration fee.

T-Shirt \_\_\_\_ Size \_\_\_\_\_ \$15 ea.  
(Unisex)

Tank \_\_\_\_ Size \_\_\_\_\_ \$20 ea.  
(Unisex)

Total Amount Due \$ \_\_\_\_\_

*Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run 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 compete the run. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I for myself, and anyone entitled to act on my behalf, waive and release HospiceCare 10k, APTiming, race officials, volunteers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.*

*The undersigned acknowledges and understands that exposure to disease causing organisms, such as COVID-19, and personal contact with others, including but not limited to participates, non-participants, organizers, volunteers, onlookers, and other individuals in the racecourse involves a certain degree of risk that could result in illness, permanent disability, or death. The undersigned acknowledges that APTiming has not screened or tested any of the participants for such diseases. After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold harmless APTiming and its employees, officers, agents, volunteers, vendors, and contractors from and against all claims and liability resulting from exposure to disease causing organisms such as COVID-19.*

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Signature (Parent if under 18)

**ALL PARTICIPANTS MUST SIGN ENTRY FORM**

Date