

HospiceCare Chocolate Chase

5K 10K

9 a.m. Start, Saturday April 8, 2023

**Greenbrier County Courthouse
912 N Court St, Lewisburg, WV 24901**

Course Information

The start/finish line will be at the Greenbrier County Courthouse in downtown Lewisburg. 5K runners and walkers will turn around just past the I-64 overpass bridge. 10K runners and walkers will turn around at the water station at the 3.1-mile marker.

Race packets will be available at the registration table the morning of the race.

All participants will receive a finisher medal.

See registration form to purchase t-shirt/tank.

Mail-in Pre-registration

5K - \$20 & 10K - \$25

Make checks payable to:

HospiceCare

1606 Kanawha Blvd., W.
Charleston, WV 25387

Online Pre-registration

5K - \$20 + processing fee

10K - \$25 + processing fee

runsignup.com

Race Day Registration

5K - \$25 & 10K - \$30 starting at 7 a.m.

Pre-registration ends at midnight April 6, 2023.

Registration fees are non-refundable.



All proceeds benefit Peyton Hospice House

HospiceCare Chocolate Chase 5K/10K Registration Form

PLEASE PRINT

First Name	Last Name	DOB (mm/dd/year)	Age
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Address	City	State	Zip
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Phone	E-mail
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5K, \$20 Pre-registration _____	5K, \$25 Race Day _____
10K, \$25 Pre-registration _____	10K, \$30 Race Day _____

T-Shirt (Unisex) Size: _____	\$15 each
Tank (Unisex) Size: _____	\$20 each

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 participants, 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.

Signature (parent if under 18)	ALL PARTICIPANTS MUST SIGN ENTRY FORM	Date
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