

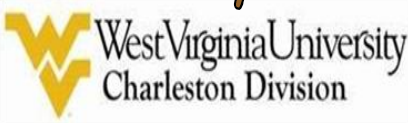
Sunday, April 1, 2012

Joker Run / Walk

4mi / 8mi Run @ 2:00pm

5k Walk @ 1:00pm
31st and Virginia Ave

304.348.8008



JOKER RUN / WALK Sunday, April 1, 2012 Registration @ 12n Walk @ 1pm Run @ 2pm

NAME _____

Address _____

City State Zip _____

Phone # _____ C# _____

E-Mail _____

Divisions:

MALE FEMALE

5K WALK 4 Mi RUN 8 Mi RUN

14 and Under 40 - 49

15 - 19 50 - 59

20 - 29 60 - 69

30 - 39 70 and Up

Wheelchair

Shirt Size:

_____ Youth Large

_____ Adult Small

_____ Medium

_____ Large

_____ Extra Large

_____ XX Large

JOKER RUN / WALK
IF IT ENDS WELL THEN IT IS WELL

Registration @ WVU/CAMC Memorial Hospital

Course Start:

31st St & Virginia Ave. Left onto Kanawha Ave.
Turn between 51st & 52nd. Return. 4MI Finish @ 31st St.
Repeat 4MI Course @ 31st (TURN) for 8MI Run.
Course mostly Flat and Easy. Map provided. Course marked.

Finish: 31st St & Virginia Ave

UPCOMING 2012

University of Charleston Half-Marathon/ 5K Sunday, April 29 7a

Poca River 15K Road Race Saturday, May 12

Sundown Showdown 2Mi Friday, May 18 6:30p

RUN W/ A COP SPECIAL OLYMPICS 5K Run/ 2Mi Walk Saturday, June 9 8a

RUN FOR YOUR LIFE CAMC Foundation 5Mi Saturday, June 16

WV 5K Championships Huntington Saturday, June 23

Independence Run Childhood Language Ctr 3Mi Run /2Mi Walk Friday, June 29

Charleston Distance Run 15Mi/5K Walk-5K/10K Saturday, September 1

Additional Information: www.IPLAYOUTSIDE.com / www.TRISTATERACER.com

Registration Fee:

Pre-Registration \$20.

Received before March 25, 2012

April FOOLS

Same Day \$25.

PAID Ck _____ Cash _____

Awards:

Run—Male / Female

ALL Age Divisions.

Walk—Top Male/Top Female

NO Age Divisions.

Check Enclosed & Mail Registration:

Charleston Parks and

Recreation

Joker Run

200 Baker Lane

Waiver:

I, the undersigned, waive and release myself, my heirs, executors, and administrators, any and all rights and claims for damages, demands, and any other actions whatsoever, which I may have against all participating sponsors and supporters and The City of Charleston, arising out of my participation in this event, including and all injuries, including death suffered me as a result of my participation in this event. I consider myself adequately trained for the completion of this event. Should I suffer an injury or illness, I authorize officials of this event to use their discretion to have me medically treated and transported to a medical facility. I also authorize the sponsors to use any photographs or video taken of me to be used in any promotional materials.

Signature: _____

Parent/ Guardian Signature Required
If Under 18 years of Age:

Date: _____

http://tallmantrackclub.com/race_calender.htm

www.cityofcharleston.org/recreation

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