



**COPLIN**  
HEALTH SYSTEMS

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# Diabetes Awareness Dash

## 5K Run / Walk

**Saturday, June 9, 2018**

**Ravenswood, WV**

At Riverfront Park—RAIN OR SHINE

Registration 7:00AM Race Time: 8:00AM

**FEES:** Pre-Registration fee \$20 (deadline May 31<sup>st</sup>); Race Day Registration \$25 (shirts limited)  
Donations welcomed & appreciated! All proceeds to Coplin Health Systems Diabetes Program and the Ravenswood Recreation Youth Program.

**RULES:** This is an RCRW series race. All rules must be followed regarding walking. If you register to **walk**, you must walk—no running. If you want to run and walk, register to **run**. Walkers who run will be disqualified.

**AWARDS:** Overall & Age Group Awards will be given to runners & walkers.

For more information email: [jmaynard@wchsa.com](mailto:jmaynard@wchsa.com)



**Make Checks payable to: Wirt County Health Services Association**

*\*Pre-Registration Due by May 31<sup>st</sup> to guarantee shirt\**

Name: \_\_\_\_\_  Male  Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day: \_\_\_\_\_

T Shirt Size:  Youth Small  Youth Medium  Youth Large  Small  Medium  Large  X Large  XX Large

*(Same day registration shirts are not guaranteed.)*

Event:  5K Run  5K Walk (MUST WALK—See rules above.)

By signing below, I give Coplin Health Systems permission for photos and names to be released for promotional purposes and follow up race articles.  
Waiver: In consideration of your accepting my entry to the Diabetes & Suicide Awareness Dash Run/Walk, I intend to be legally bound, do hereby for myself, my heirs, and assigns, waive all claims for damages which I may have, or which may hereafter occur to me against the race committee, its volunteers, the City of Ravenswood, and other sponsors, promoters and contributors affiliated for any and all injuries and illnesses which may result from my participation. I attest and verify that I have full knowledge of the risk involved in these events, that I am physically fit and sufficiently trained to participate. I have read the above statement, I understand the statement, and my signature confirms its full acceptance.

\_\_\_\_\_  
Signature of Participant or Parent Guardian (if under 18)

\_\_\_\_\_  
Date

Mail registration forms to: River Valley Health and Wellness 606 Washington St, Ravenswood, WV 26164