

# 2nd Annual 5K Run/Walk

## Heidi's Hope

*In Memory of Heidi Moore*

**Proceeds to benefit  
American Cancer Society  
Relay For Life of  
Front Royal / Warren County**



**Date: Saturday, May 19, 2012**

**Registration Time: 8:00am**

**Race Time 8:30am**

**Pre-register by: May 10, 2012**

### Entry fees:

- **Early Entry:** Registration Deadline 5/10/2012  
\$15 Student w/ Student ID / \$20 Adult
- **Race Day Entry:** \$20 Student w/ Student ID \$25 Adult
- **Supporter:** \$10 receives a T-Shirt

**Skyline High School  
151 Skyline Vista Drive  
Front Royal, VA 22630**

### For more information or to register call:

**Pam Dyke at 635 2194, ext 43175**

**or [pdyke@wcps.k12.va.us](mailto:pdyke@wcps.k12.va.us)**

**Maria Bolton at 540.327.2680**

**or [maria.bolton08@gmail.com](mailto:maria.bolton08@gmail.com)**



**PRIZES**

### Top Four

**First  
Adult Male & Female  
First  
Student Male & Female**

**Each Registered  
Walker and/or Runner  
will receive a gift.**

### Organized by

**Relay for Life Teams  
Hit Cancer Out of the Ball Park  
And  
Warren County Middle School**

**Waiver Must Be Read and Signed Before mailing:** I know that running is a potential hazardous activity. I should not enter or run this event 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 in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the condition of the road and traffic on the course, all such risk being know and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release American Cancer Society Race Staff, and all sponsors, their representative and successors from all claims or liabilities of any kind arising out of my participant in this event even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. All fees are nonrefundable.

### Mail form and entry fee to:

Maria Bolton  
468 North River Road  
Middletown, VA 22645

Phone: 540.327.2680

E-mail: [maria.bolton08@gmail.com](mailto:maria.bolton08@gmail.com)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

T-shirt Size: S M L XL

Sex \_\_\_\_\_ Age on race day \_\_\_\_\_

**Please make the checks payable to the  
American Cancer Society**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian if under 18 years of age. \_\_\_\_\_

Date \_\_\_\_\_