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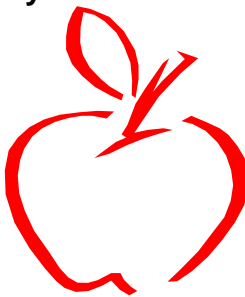


APPLE HARVEST FESTIVAL

PO BOX 1362, MARTINSBURG, WV 25402

**The XXVIII Mountain State
Apple Harvest Festival
5K Apple Trample**

Sponsored by:



Date: Saturday, October 20, 2007
Beginning at 12 Noon.

Entry Fee: Pre-Registration \$12
(post marked by October 15, 2007)

Day of Event \$15
Registration ends at 11:30 am

Mail entry form & registration fee to:

The Wellness Center
Dorothy A. McCormack Center
2000 Foundation Way Suite 1200
Martinsburg, WV 25401
ATTN: Brian White

Make checks payable to "The Wellness Center"

**FREE T-SHIRT
for all pre-registered participants!**

Awards, which will be presented immediately after the race, will be given to winners in each division.

Route Information

The course is certified by the USATF. The race will start at the Dorothy McCormack Center at City Hospital, Martinsburg, follow Tennessee Ave. to King St. Runners will make a left turn onto Raleigh St., right onto Martin St. East and right onto Queen St.

Runners will follow Queen St. until they reach the cemetery, and then make a right onto Wilson St. Take another right onto Maple Ave. to the finish line at the Martinsburg High School.

Refreshments...

will be provided for runners by local area merchants.



The XXVIII Mountain State Apple Harvest Festival 5K Apple Trample

Application

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE #: _____

DATE OF BIRTH: _____

AGE (AS OF 10-21-06): _____

SEX: MALE: FEMALE:

PLEASE SELECT T-SHIRT SIZE S M L XL

Please read & sign the waiver below.

Waiver:

In consideration of your accepting this entry, I, the below signed, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against City Hospital and any other sponsors and their representatives, successors, and assigns, for any and all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver. I agree to abide by any decisions of a race official relative to my ability to safely run. I assume all risks associated with running/walking in the 5K, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I attest and verify that I will participate in this event as an entrant, that I am physically fit and sufficiently trained for the completion of this event, and my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant full permission to any and all of the aforementioned parties to use my name, likeness and voice, as well as any photographs, videotapes, motion pictures, recordings, or any other record of this event in which I may appear for any legitimate purpose, including television broadcast of the event, the reuse in any media of this broadcast, and in advertising and promotion for such broadcast use.

SIGNATURE: _____

DATE: _____

Parent or Guardian
(if under 18) _____

DATE: _____