

29th annual

Saturday, October 18, 2008

Beginning at 12 Noon.



Mountain State Apple Harvest Festival

Race Registration is from
9:30 - 11:30 a.m.

Registration ends at 11:30 a.m.

Sponsored by:
The Wellness Center

Entry Fee:

Pre-Registration With Shirt \$12

Pre-Registration Without Shirt \$8

(Registration form must be post marked by Oct. 10, 2008)

Day of Event Registration With Shirt \$15*

Day of Event Registration Without Shirt \$12

****shirts available while supplies last the day of event***

Awards will be presented to winners in 5 year age groups immediately following the race.

Mail entry form & registration fee to:

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

*Please make check payable to
The Wellness Center.*

Route Information:

The course is certified by the USATF. The race will start at the McCormack Center on the City Hospital Campus to Tennessee Avenue to King Street. Runners will make a left turn onto Raleigh Street, right onto Martin Street and right onto Queen Street. Runners will follow Queen Street to the finish line at the Martinsburg High School.

A water station will be available at the halfway point.

Refreshments...

will be provided for runners by local area merchants.

29th Annual Apple Trample Application

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Telephone #: _____

Date of Birth: _____ Age (as of 10/18/08) _____

MALE () FEMALE ()

Please circle T-shirt Size, if applicable: S M L XL or No Shirt

Please read & sign the waiver on reverse side.



Here's Your
Apple Trample 5k
Race Application!

Dorothy A. McCormack Center
2000 Foundation Way, Suite 1200
Martinsburg, WV 25401



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: _____