

Stafford Hospital 5K Race, Presented by GEICO

April 24, 2010, Stafford Hospital Campus, 8:30 A.M.

Marathon Sponsor



Mary Washington Healthcare
**Stafford Hospital
Foundation**



Location: The race will take place on Hospital Center Boulevard, on the campus of Stafford Hospital.

Registration: \$25 until April 2. \$30 thereafter. Each participant will receive an event t-shirt.

Register on-line: at www.racetimingunlimited.org

No Refunds. Race is held rain or shine.

Important Information: To ensure runner safety, unregistered runners, unauthorized vehicles, bicycles, skateboards, roller skates and roller blades, baby joggers, **the wearing of headphones** and running with dogs are prohibited on the course.

Awards: Awards will be given to the overall top 3 males and females and to the top 3 males and females in the following age groups: 14 & Under; 15-19; 20-24; 24-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70 and over.

Packet Pick-up: Race packets may be picked up at Stafford Hospital Foundation, 2600 Mary Washington Blvd., Fredericksburg, Va., beginning April 22 (10 a.m. to 5 p.m.). Packets not picked up will not be mailed.

Course: The race is an out and back USA Track and Field Certified course.

Race Day Registration:

Runners may register the day of the race, beginning at 7:00 A.M. The fee is \$30.

Chip Timing: Runners shall return the Winning Time Chip to Race Timing Unlimited at the completion of the race. Runners not returning their chip will be billed \$10 and will not be allowed to compete in any other Grand Prix races until the chip is returned or the bill is paid.

Directions: From I-95, take exit 140, towards Rt.1. Turn right on to Rt. 1 at light. Stafford Hospital will be on your left.

Name: _____ E-mail: _____

Address: _____

Phone: _____ Age: _____ Date of Birth: _____ Gender: M F

In consideration of the foregoing, I, my executors and administrators, waive and release any and all rights and claims for damages I may have against Stafford Hospital Foundation, Stafford Hospital, and any sponsors, supporters, actions whatsoever in any manner as a result of my or my child's participation in this event and that my medical condition to do so has been verified by a licensed medical doctor. I have read the above conditions and accept them as shown by my signature.

Signature (Parent if under 18) _____

Date _____

Fees: \$25 before April 2 _____

T-Shirt Size: S M L XL XXL

\$30 after April 2 _____

Credit Card # _____ Exp. Date: _____

Name on card: _____

Billing Address: _____

Cardholder Signature: _____

Please send registration forms and checks to:

Stafford Hospital Foundation
2600 Mary Washington Boulevard
Fredericksburg, VA 22401

Please reference on check: Stafford Hospital 5K

Questions, please call: 540.741.1512
Fax: 540.741.2685