

Race organized by:  
**Good Samaritan  
Clinic**

Race Directed by:  
**River City Runners**

# 5th Annual “MAYDAY” 5K Run/Walk

**The Good  
Samaritan  
Clinic**

- When:** Saturday - May 5, 2012  
8 a.m. (registration and pick-up begins at 7 a.m.)
- Where:** Parkersburg City Park – Shelter #3
- Course:** Start is by the flagpole in City Park heading toward the maintenance garage, intersecting City Park Drive, continuing in a ccw direction around the perimeter of the park, exiting at and proceeding up Washington Ave. to Dudley Ave. and returning to park via same, continuing on City Park Drive in a ccw direction around perimeter of park and finishing behind the City Park Pavilion by shelter 3.
- Amenities:** **Long Sleeved T-shirt** (for all pre-registered participants), post-race refreshments, door prizes, awards as described below.
- Entry Fee:** The 5K run and walk **Early Bird fee is \$12 for ages 11 and older** (due before April 23). The late registration fee (after April 23) is \$15. The **Early Bird Registration fee for ages 10 and under is \$7** (due before April 23). The late registration fee (after April 23) is \$10.
- Awards:** **Both run and walk: Top 3** Overall Male and female winners, and top-3 in each age group will be awarded prizes. Age groups are: 10 and under, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59 and 60+.

**Make checks payable to:**  
**Good Samaritan Clinic**

**Send entry forms and fees to:**  
MAYDAY 5K RUN/WALK  
Good Samaritan Clinic  
418 Grand Park Drive, Suite 311  
Parkersburg, WV 26105-4000

**Free Long Sleeved T-Shirt  
guaranteed to all pre-  
registered participants**

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Good Samaritan Clinic “MAYDAY” 5K Run/Walk

**Circle Event:                      5K Run                      5K Walk**

Team Name : \_\_\_\_\_ ( if applicable)      Sex: M F

Name: \_\_\_\_\_ Age (on 5/5/12): \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

T-shirt size **ADULT** (circle one): S    M    L    XL    XXL  
**CHILD** (circle one): S    M    L

**If you would like to make a tax deductible contribution to the clinic along with your entry fee, it would be greatly appreciated.                      Contribution amount: \$ \_\_\_\_\_**

*Waiver:* I hereby certify that I am adequately fit to run in this race. In consideration of the acceptance of this entry, I the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release, and discharge any rights and claims which I have or may have hereafter accrue to me or my estate against the Good Samaritan Clinic, River City Runners and/or sponsors, organizers and volunteers and assigns for any and all injuries or death suffered by me in this event. I will also allow my picture and name to be used in publications as a result of this race.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(A parent or legal guardian must sign for all participants under the age of 18.)