



**Gordonsville's Famous Fried Chicken Festival's  
Fourth Annual 5K Chicken Run  
Saturday, October 2, 2021  
Race Start 10 a.m.**

**Benefiting the Dix Memorial Pool Fund - Orange County's Only Public Pool**

**Rain or Shine Event (No Refunds)  
Inclement Weather Announcements Will Posted on the Town's Website – Please Check**

**Application  
Please Print Clearly**

Race Applicant Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Pre-Race Application Fee \$ 15 Total: \_\_\_\_\_

Race Day Application Fee \$ 20 Total: \_\_\_\_\_

**Age Category (please check)**

Under 14    14-19    20-29    30-39    40-49    50+

**T-Shirt Size (please check)**

Adult Small    Adult Medium    Adult Large    Adult X-Large    Adult XX-Large

**You May Submit Payment 3 Ways:**

**Mail-**Please return application and signed waiver with a check made payable to: Town of Gordonsville and mail to P.O. Box 276, Gordonsville, VA 22942

**In person-** bring application and form of payment to Town Hall located: 112 S Main St, Gordonsville VA 22942

**Online-** PayGov.us, click *Make a Payment*, enter location code: 37828, fill out form and submit (fees apply)

**Pre-race applications and entry fees must be received by September 10, 2021. You may also register the day of the race.** Please call 540-832-1735 or e-mail: [dsolomon@gordonsville.org](mailto:dsolomon@gordonsville.org) with any questions.

**YOU MUST SIGN AND DATE THE ATTACHED WAIVER TO BE REGISTERED**

## **WAIVER AGREEMENT**

**Read this document (the Waiver Agreement) carefully before signing**

This Waiver Agreement will affect your legal rights and will limit or eliminate your ability to bring a future lawsuit. I understand and acknowledge that I am legally agreeing to the statements in the following paragraphs of this Waiver Agreement by affixing my signature below and that these statements are being accepted by the Town of Gordonsville, Virginia in consideration for permitting me to participate in the 5K Chicken Run (hereinafter "Event"); and I further understand and acknowledge that my statements are being relied upon by race sponsors, organizers, administrators, volunteers and other parties defined below as the Released Parties. I acknowledge that a 5K race and associated walk is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property damage. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in the Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in the Event which I elect to enter. I have no physical or medical condition which would endanger myself or others if I participate in the Event, or would interfere with my ability to safely participate in the Event. I accept responsibility for the condition and adequacy of my competition equipment and my conduct in connection with the Event. I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after the Event and I recognize that consumption of alcohol and/or drugs might impair my judgement and/or motor skills. I assume full responsibility for any injury, loss or damage association with my consumption of alcohol and/or drugs.

On behalf of myself, my executors, heirs, next of kin, successors and assigns, and anyone else who might sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE the Town of Gordonsville, Virginia, all Event sponsors, Event producers, Event staff, administrators, beneficiaries, contractors, vendors, and organizers (including race directors), volunteers, all other persons or entities involved with this Event, states, cities, towns, and other governmental bodies and locations in which an Event or portions of where this Event takes place, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above (collectively, the Released Parties), from any and all claims, causes of action, damage, losses (economic and non-economic), and liabilities of every kind (collectively Claims), for death, personal injury or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to or from the Event, including but not limited to any Claims for theft, damage to any equipment, negligence, partial or permanent disability, Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at the Event or elsewhere), and any Claims for medical or hospital expenses. I acknowledge and ASSUME ALL OF THE RISKS and aspects of the Event. I acknowledge that running, walking and other portions of the Event are inherently dangerous and I understand that I will be participating in the Event at my own risk, that I am responsible for the risk of participation in the Event, and that I am waiving and releasing my legal rights to sue for any injury or damages arising out of resulting from my participation in the Event. I further understand that any injury or damages incurred may be the result of negligence, omission or carelessness by the Released Parties.

I FURTHER COVENANT and AGREE NOT TO SUE any of the Released Parties for any of the Claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY and HOLD HARMLESS the Released Parties from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly in whole or in part, my breach or failure to abide by any part of this Waiver Agreement, my breach or failure to abide by any of the Town of Gordonsville's rules, and my actions or inactions which cause injury or damage to any other person. The parent or legal guardian who signs the Waiver Agreement on behalf of a minor, incapacitated and/or mentally challenged person (hereinafter Said Person), hereby acknowledges that he or she has the legal capacity and authority to act on behalf of Said Person to legally bind Said Person to the Waiver Agreement. The parent or legal guardian who signs the Waiver Agreement agrees to indemnify and hold harmless the Released Parties for any expenses incurred, Claims made, or liabilities assessed against them, as a result of any insufficiency of legal capacity or authority to act on behalf of Said Person in the execution of the Waiver Agreement. If any provision of this Waiver Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver Agreement and shall not affect the validity and enforceability of any remaining provisions. I agree to the above waiver and/or I am the participant or the parent or legal guardian for persons under 18 years of age or legal guardian of incapacitated and/or mentally challenged person.

I further agree to allow the above mentioned parties to use my image in any photo or video.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**IMPORTANT: YOU MUST SIGN AND DATE THE WAIVER TO BE REGISTERED.  
PLEASE RETURN WITH YOUR APPLICATION**