

RELAY4+ COMMUNITY HEALTH

UNITED WAY-THOMAS JEFFERSON AREA & PIEDMONT YMCA

UNITE FOR A HEALTHIER COMMUNITY. JUNE 30, 2019 | 5-7PM | ALBEMARLE HIGH SCHOOL

YOU CAN'T DO IT ALONE!

Bring your whole family to the Relay 4 Health! This partnership between the United Way-Thomas Jefferson Area and the Piedmont Family YMCA promotes community health and healthy lifestyles, raises funds for the prevention of chronic diseases like Type II Diabetes, cardiovascular diseases, and more.

Runners and walkers of all abilities, ages 8+, will come together to form teams from families, businesses, clubs, neighborhoods, friends, or other groups. Each runner completes a ½ mile leg and passes the baton. Each walker completes ¼ mile leg and passes the baton. You can do it- but not alone!

Help relay our message that, when we work together, we can make our whole community healthier. The Relay will encourage and support families and friends to engage in healthy lifestyles together. There will be a post-Relay celebration with food trucks, music, prizes, and fun kid activities. All Relay participants will receive a free one-week membership to the Piedmont Family YMCA!

Information & Rules

- Running relay is 2 miles on a track; each team member runs ½ mile (2 laps). Walking relay is 1 mile on track; each team member walks ¼ mile (1 lap).
 - Runners and walkers must register as a member of a team of 4.
 - \$120 per team of 4, or \$30 per team member.
 - Teams of 4 may be comprised of any mix of age (8+*) and gender.
 - The Relay has 4 race divisions: Family/Friends, Business/Organization, walking, and Competitive.
 - A runner may participate in multiple divisions and teams, but each participations counts as a separate entry (\$30/entry).
 - A runner may not compete as part of different teams within the same division.
- *any runner needs to be able to complete 2 laps running

Registration

You are encouraged to register online at Relay4CommunityHealth.org. Or, complete a registration form (with waiver) for each entry, even if you are running in multiple divisions. You may make a single payment for multiple entries.

SEE REGISTRATION FORM ON REVERSE.

Relay4CommunityHealth.org | Relay4CommunityHealth@UnitedWayTJA.org | 806 E High St, Charlottesville, VA 22902 | 434.972.1701



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REGISTRATION FORM

RUNNER INFORMATION:

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Address: _____ Birthday (M/D/Y): _____

City: _____ State: _____ Zip: _____ T-shirt Unisex size : _____

EACH RUNNER MUST SIGN THE PARTICIPANT WAIVER:

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them.

I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the track, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules.

Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Relay 4 Community Health, the United Way-Thomas Jefferson Area, the Piedmont YMCA, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

SIGNATURE: _____ DATE: _____

Team name: _____

List other team members: _____

Team Affiliation (company name, etc. if different from team name): _____

Relay Division (1 per team entry): Family/Friends Business/Organization Competitive (1/2 mile time of at least 3:30) Walker

PAYMENT INFORMATION

Please enclose payment for your entry. Entries are not confirmed without payment (\$30/entry). You may register to participate in multiple divisions (on different teams), but each is a separate entry.

Someone else is paying for this entry (please indicate name): _____

This payment is for # _____ of entries.

Names of additional participants (or divisions if you are running in more than 1) included in this payment: _____

I'd like to make an additional donation of \$ _____ to support access to healthcare.

Check payable to United Way is enclosed in the amount of \$ _____

Charge my credit card (VISA / MC / AmEx / Discover) one time in the amount of \$ _____

Card # _____ Exp: _____

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ADDITIONAL INFORMATION WILL BE SENT TO ALL PARTICIPANTS IN ADVANCE OF THE RELAY.