

“Run for your Life”



5k&10k Run/Walk Salem, SD



**PROCEEDS GOING TOWARDS THE McCOOK COUNTY
4-H AND SALEM YOUTH AND RECREATION!!**

Sponsored by the Salem Chiropractic Clinic

740 South Main Street/ PO Box 59, Salem, SD 57058

Phone Number: 605-425-2754

Website: www.salemchiro.net

ABSOLUTELY NO BIKES OR DOGS WILL BE ALLOWED, DUE TO THE SAFETY FOR OUR RUNNERS AND WALKERS, BUT STROLLERS ARE WELCOME!!

ANY CANCELLATIONS DUE TO WEATHER WILL BE POSTED TO OUR FACEBOOK PAGE OR BY EMAIL.

June 29th, 2024

Registration starts at 7:30 AM

The 1 Mile, 5K and 10K starts at the 4-H fairgrounds NE corner of Salem at 8:00 AM

Name _____ Sex _____ Age _____

Address _____

Phone _____ email _____

We accept Visa or Mastercard (please circle one)

(Call us if you want to make Credit Card payment over the phone. All credit card information will be disposed of after payment has been made.)

Credit Card Number _____ Exp. Date _____ Amount \$ _____

Signature _____ Date _____

Register by dropping off, calling, or emailing this form to info@salemchiropracticclinic.com

\$15 Registration before June 17th \$20 Registration Fee after 17th to the day of race

(Please circle one)

1 mile

5k

10k

(All paying participants will receive a “Run for your Life” T-shirt)

Shirt Size: XXL XL Large Medium Small Youth: Med or large

I know that running and volunteering to work in this race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete a run. I assume all risks associated with running and volunteering to work 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 road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Salem Chiropractic Clinic from all claims or liabilities of any kind ensuing out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this or any event for any legitimate purpose.

Signature _____ Date _____

Signature of Parent or Guardian

for entrants under 18 years of age _____ Date _____