

SCOTTSVILLE RIVERBEND RUN 5K RUN/WALK *“Run for Reading”*

**SATURDAY, OCTOBER 2, 2010
10:00 a.m.**

*Proceeds to Benefit Friends of the Scottsville Library &
Literacy Volunteers of Charlottesville/Albemarle*

THE COURSE:

The course will start at the Scottsville Farmers' Market (located on Valley Street before crossing the bridge into Buckingham) and proceed to Harrison Street and Warren Street. The course will proceed to James River Road and turn onto Hardware Street. The race will end at Canal Basin Square. The course is open to vehicles, thus participants must be mindful of traffic. Police will assist with the crossings. Race volunteers will assist with traffic control and provide water. All children under 13 years of age **MUST** be accompanied by an adult for the event.

REGISTRATION AND ENTRY FEES: 5K Run/Walk: \$20

Make checks payable to Scottsville Community Chamber of Commerce and return completed entry form and payment to: SCCC - Riverbend Run, P.O. Box 11; Scottsville, VA 24590. Entry fees are non-refundable. Onsite registration available during packet pickup times listed below.

PACKET PICK-UP: 4:00 - 8:00 p.m. on Friday, October 1 and 8:30 - 9:30 a.m. on Saturday, October 2, at the Farmers' Market on Valley Street, Scottsville, Virginia 24590

PARKING: Signage will direct you to parking areas on race day.

PRIZES/POST-RACE ACTIVITIES: A post-race awards ceremony (including grab bag prizes) will take place at 11:00 a.m. All registered runners/walkers will receive a t-shirt. Awards will be offered to top male/female finishers in each age group. Post-race party at Canal Basin Square will feature refreshments and live music. Stay for the Riverbend Arts & Crafts Festival and Workshops throughout the day.

QUESTIONS? Contact Lindsay Snoddy at scottsvillerriverrun@hotmail.com or (434) 960-9061. **Registration forms available at Town Hall, Scottsville businesses, Scottsville Library, Literacy Volunteers of Charlottesville/Albemarle and online at <http://www.scottsvilleva.com/>.**



**Scottsville Riverbend Run - 5k Run/Walk
Entry Form**

Name: (Last) _____ (First) _____

Age: _____ Male: _____ Female: _____

Address (Street): _____

City: _____

Zip Code: _____ Home Phone: _____

Email Address: _____

Emergency Contact (Name): _____ Phone: _____

Preferred T-Shirt Size (Check One): S _____ M _____ L _____ XL _____

Make checks payable to Scottsville Chamber of Commerce and return completed entry form and payment to: Scottsville Community Chamber of Commerce, P.O. Box 11; Scottsville, VA 24590. Entry fees are non-refundable.

TO BE COMPLETED AT REGISTRATION
BIB NUMBER: _____ **PAID: \$** _____

**Liability Waiver
Must Be Signed By Runner and If Under 18 A Legal Guardian**

I know that running a road 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 all decisions of the race officials relative to my ability to complete the run safely. 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 humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Scottsville Chamber of Commerce and its officers and agents, all sponsors & beneficiaries, their representatives and successors from all claims or liabilities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates, or inline skates, animals, and radio headsets are not allowed in the race and I will abide by this guideline. In addition, I understand that if the race is cancelled by circumstances beyond the control of the organizers, my entry fee will not be refunded.

Signature of runner: _____ Date: _____

Legal guardian if under 18: _____ Date: _____

Print name of Guardian: _____