



**The Hare and Tortoise  
New Quarter Park  
5K Run/Walk**

**Karene O'Hare / Bitsy Whitten  
Ovarian Cancer Memorial**



**In Partnership with the Williamsburg Community Foundation**

**Date: Saturday, September 7, 2019**

**Location: New Quarter Park**

**Williamsburg, Virginia**

**Race day registration and packet pick up: 7:45 am**

**1 mile fun run/walk: 8:30 am**

**5K run/walk, 5K Competitive Walk: 9:00 am**

**No 8K events are scheduled this year**

**Please Print**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I am an Ovarian Cancer Survivor

**Race Event:**  **5K Run/Walk\***  **5K Competitive Walk\*\***  **1 Mile Fun Run**

\* Combine Running & Walking Allowed

\*\* Walking Only

T-shirt size:  S  M  L  XL  XXL (for XXL add \$2 please)

Free, SMS Text Message Finish Time. Enter 10 digits Cell Phone Number: \_\_\_\_\_

Enter Cell Phone Service Provider; e.g., AT&T, Sprint, Verizon... \_\_\_\_\_

**Entry Fees:** \$30 pre-registered, postmarked by Friday, August 30. \$35 postmarked after August 30 and race day. T-shirts guaranteed to the first 200 registrants. T-shirts race day while supplies last.

**Make checks payable to:** Williamsburg Community Foundation

**Mail check and entry form to:** Williamsburg Community Foundation Attn: Karene O'Hare/Bitsy Whitten  
Ovarian Cancer Memorial, 1323 Jamestown Road, Suite #103, Williamsburg, VA 23185

**Waiver:** I know that running/walking a road is a potentially hazardous activity. I should not enter and run/walk 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 this run. I assume all risk associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including 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 for anyone entitled to act on my behalf, waive and release York County Parks and Recreation, and all sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes. This is a road race under the rules of RRCA and USATF. No partial or full refunds.

Signature (Parent or guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**ALL ENTRANTS MUST SIGN WAIVER**

**Website:** [www.hareandtortoiserunwalk.com](http://www.hareandtortoiserunwalk.com)

**Race Co-Director:** John O'Hare, 757-220-5731

**Email:** john@hareandtortoiserunwalk.com