

In memory of
 Walter L. Mess, chairman emeritus of
 Northern Virginia Regional Park Authority,
 and Roger Neighborgall, past president,
 Friends of the W&OD Trail

W&OD 5K

on the historic W&OD Trail

Sunday, March 25, 2018 - 10:00 AM

Start / Finish at Bluemont Park, 329 North Manchester Street, Arlington Virginia



Presented by



To benefit
 Falls Church-McLean
 Children's Center



Enter early and save \$20 • Enter on-line at www.safetyandhealthfoundation.org/wod

- Celebrate!** • Our 9th annual race! Also commemorating the 44th anniversary of the opening of W&OD Trail in 1974
- Course** • Scenic course on W&OD Trail alongside Four Mile Run creek, uphill out, downhill back
- Open to all** • Runners and walkers welcome. Enjoy a lovely day on the W&OD Trail! See displays about the W&OD before & after race
- Pre-Race** • Packet pick-up Sunday, March 25, 9:15 AM to 9:45 AM at Bluemont Park South Shelter, 329 North Manchester Street
- Post-race** • Refreshments courtesy of sponsors • Pies by the slice, courtesy of Sol Schott, Acme Pie Company • Bring a few bucks to buy a pie
- Awards** • 1st, 2nd, 3rd M/ overall F and 1st, 2nd, 3rd M/F by 10-year age-group • Pi-reciting contest at 9:35 AM • $\pi = 3.14159\cdots$
- Directions** • From US 50 (Arlington Boulevard), north on Manchester Street to the end, park on street, or turn right into free parking
 • Free parking on-site, also at nearby Ashlawn School and at Bluemont Park North Shelter, 601 North Manchester Street, Arlington VA
- Sponsors** • See www.safetyandhealthfoundation.org/wod or call 703-927-4833 or write racedirector@att.net
- Benefits** • Falls Church-McLean Children's Center, Friends of the W&OD, and Safety And Health Foundation



In memory of Walter L. Mess & Roger Neighborgall

W&OD 5K • REGISTRATION FORM

Make checks payable to SHF • 611 South Ivy Street • Arlington VA 22204

By entering this event, I agree, warrant and covenant as follows: I know that running is a potentially hazardous activity. I should not enter or run in competitive runs 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 the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of 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 Arlington County Virginia, Falls Church-McLean Children's Center, NOVA Parks, RRCA, USATF, Safety And Health Foundation, Friends of the W&OD Trail, and all sponsors, their directors, officers, employees, agents; 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 acknowledge that the application fee shall be non-refundable. I agree that the organizers of this event may use my name and likeness for publicity purposes.

Signature _____ (parent or guardian if under 18)

Name _____ Gender [] (M | F) Age on 3/25/2018 [] []

Address _____ Birthday ____ - ____ - ____ (mm-dd-yy)

City ST ZIP _____ Phone _____ - _____ - _____

E-mail _____ T-shirt [] (XS | S | M | L | XL | XXL)

Best 5K ____ : ____ : ____ Where/When? _____ [] I will push a baby-stroller (start at 9:59 AM)

Enclosed is my entry fee. Please make your check payable to SHF.

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| Adults | Students up to 12 th grade, members of FoWOD, or FCMLCC families |
| [] \$20 before January 1, 2018 | [] \$10 before January 1, 2018 |
| [] \$25 before February 1, 2018 | [] \$15 before February 1, 2018 |
| [] \$30 before March 1, 2018 | [] \$20 before March 1, 2018 |
| [] \$40 by March 25, 2018 - race-day before 9:45 AM | [] \$30 by March 25, 2018 - race-day before 9:45 AM |
| [] Enclosed is an additional tax-deductible donation \$ ____ to FCMLCC | \$ ____ to SHF \$ ____ to FoWOD |

[] I want to join Friends of the W&OD Trail. Enclosed is [] \$20 Individual [] \$30 Family [] \$50 Contributor [] \$75 Sponsor
 (Please make a separate check payable to FoWOD)