

WOR-WIC 5K Hero Run

2024 Registration Form

Saturday, Oct. 5, 2024 at 9 a.m.
Wor-Wic Community College campus

Entry Fees

Entry Fees if registered by Oct 2:

\$25	5K or 2-Mile Walk
\$15	Wor-Wic Students
\$25	First Responder Team Cup Challenge
\$5	Kids' Hero Run and Obstacle Course

Entry Fees if registered after Oct 2:

\$35	5K or 2-Mile Walk
\$25	Wor-Wic Students
\$35	First Responder Team Cup Challenge
\$5	Kids' Hero Run and Obstacle Course



To register online, visit worwic.edu/5K, scan the QR code or complete this form and **mail with your check, made payable to the Wor-Wic Foundation**, 32000 Campus Drive, Salisbury, MD 21804.

A separate registration form is required for each participant.

- First Responder Team Cup Challenge
- 5K Run
- 2-mile Walk
- Kids' Hero Run and Obstacle Course (children 9 and younger)

Entry fee.....\$ _____

Additional donation to benefit Wor-Wic students.....\$ _____

Total.....\$ _____

Adult-size shirt (circle one): S M L XL XXL (Sizes run small.)

The first 100 paid participants are guaranteed to receive a shirt. Kids' Hero Run participants are not eligible for a race shirt.

I know that running/walking a road race is a potentially hazardous activity and that I should not enter and participate 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 event. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including cold and high heat, traffic and conditions of the road/sidewalks. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the following: Wor-Wic Community College, Wor-Wic Community College Foundation, Eastern Shore Running Club, Wicomico County, the City of Salisbury and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this event. I understand and waive even though that liability may arise out of carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Name _____

Street Address _____ City _____ State _____ ZIP _____

Email Address _____ Phone Number _____

Age on Oct. 5, 2024 Male Current Wor-Wic Student
 Female

Additional information for first responder teams:

Name of Agency _____

Teammate _____

Teammate _____

FOR OFFICE USE ONLY:

Recd _____ at _____
Paid \$ _____ w/ _____
Chk # _____ Cc _____ Onl _____
Reg # _____ Bib # _____

Signature _____ Date _____
(Parent or guardian must sign if walker/runner is under 18 years of age as of Oct. 5, 2024)

Questions? Email foundation@worwic.edu or call 410-334-2807.