

RACE DAY:

SATURDAY, DECEMBER 13, 2025

RACE START TIME: 10:30AM



Check in Time/Pick up Race Packet: 12/13/25 @ 9:45AM—10:15AM :

Richmond City Gym (205 Summit St).

Race Day Sign ups: 12/13/25@, 9:45AM-10:30AM

*REGISTRATON FEE: \$30.00 (sign up after 11/28: \$40) Sign up online or at the Front Desk of Richmond City Hall (205 Summit St.), M-F, 8:00am-4:30pm. Make checks payable to City of Richmond. Questions? E-mail: Hwilliams@cityofrichmonmo.org

Scan to sign up online

Particinante Name

Please put a check mark in the box to indicate what division you will be racing in for the 5k Race (age you are on 12/14/2024)

□10U female	□11-14 female	□15-18 female	□19-25 female	□26-35 female	□36-45 female	
□10U male	□11-14 male	□15-18 male	□19-25 male	□26-35 male	□36-45 male	
□46-55 female	□46-55 male	□56-65 female	□56-65 male	□66+ female	□66+ male	
Medala will be given to the ten two finishers in each division						

Medals will be given to the top two finishers in each division.

*Participation t-shirt is included in the registration fee until 11/28. After 11/28, race shirts will not be available.

(please circle what size participation t-shirt you wear): YS, YM, YL, YXL, AS, AM, AL, AXL, 2XL, 3XL

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i articipanto Name		1 HOHG	
Address:		E-mail:	
Date of Birth: Ag	e on 12/13/25:	Gender:	Heath Concerns:
Emergency Contact Name:		Phone:	Relationship:
Commerce, hereby give my approval to participal person I am guardian for) would not participate in the event, including, but not limited to falls, Covid conditions of the road-all such risks being known Richmond Chamber of Commerce, the organizers	te in this event. I am aware this 5K unless myself or the poli-19 exposure/ Covid-19 infect. I do hereby waive, release, sponsors, supervisors, volun	that participation in this 5K merson I am legally responsible tion, contact with other particip, absolve, indemnify and agreteers, and participants for any	by the City of Richmond Parks & Recreation Department and the Richmond Chamber of any result in serious injuries and is a potentially hazardous activity. I (nor the above stated for is medically able and properly trained. I assume all risks associated with participating in pants, effects of weather (including low temperatures, snow, ice, rain, etc.), traffic, and the set to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the claim arising out of any injury to myself or my child whether the result of negligence, Covid-Recreation Department, to take and use mine or my child's photograph, likeness, name.

I have read and fully understand the above activity details and waive and release all claims including, but not limited to, damaged, stolen, or lost property that could occur during the event. I am aware there are no refunds

statement, or video. I understand that the City of Richmond Park & Recreation Department may use the photograph, likeness, name, statement or video for the purposes of publication, presentation, websites, and social media channels.

Signing below means you are aware this is event is for FUN and that you have read and agree with the above.

SIGNATURE: Date

(if participant is under 18, parent/legal guardian must sign)

Richmond Office Use Only: Amount Paid: \$ Date Recorded: Gym Improvement Fundraiser Revenue: 10-21-07-4495

