Virginia Creeper Marathon
Entry Form

Return entry form and non-refundable fee (payable to State of Franklin Track Club) to:
Virginia Creeper Marathon, SFTC, PO Box 6427, Kingsport TN 37663
For race details, visit
www.creepermarathon.org

(Please print)

Name _____ **Age (on 4/6/26)** _____ **Sex** _____

Address _____ **Date of Birth** _____ /_____ /_____

City/ST/Zip_____ **Ph #** (_____) _____

Email_____ **First Marathon? Yes No**

Projected Finish Time _____

Race Day Emergency Contact (Name and Phone)_____

I know that running a 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 any decision of a race official relative to my ability to safely complete the run. If, as a result of my participation in this event, I require medical attention, I hereby give my consent to authorized medical personnel to provide such medical care as is deemed necessary by said personnel. I assume all risks associated with running this event, including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity, traffic and course conditions, 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 State of Franklin Track Club and its officers and agents; the Towns of Abingdon and Damascus, Virginia; all event personnel and volunteers; and all other sponsors, their 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 any person(s) named herein. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose.

By signing below, I acknowledge that I have read and do understand and abide by this release.

Signature of Runner (or parent/guardian if participant under 18)

_____ ***Date*** _____