

Charleston Parks and Recreation

4 Mile Run / 2 Mile Walk

Joker Run and Walk

9am Saturday, March 29, 2008

Behind CAMC Memorial @ WVU Medical Bldg.
31st Street & Virginia Avenue

\$10. Runners Pre-registration

(Must be received by Wed. March 26)

(Same Day & After March 26 \$15.)

Run 9:00am

Starts on Virginia between 30th and 31st Streets
East to left on 37th Street

One block over towards river. Right on Kanawha Avenue
East on Kanawha Avenue to cone between 51st and 52nd
Return

\$5. Walkers Pre-registration

(Must be received by Wed. March 26)

(Same Day & After March 26 \$10.)

Walk 9:05am

Starts on Virginia between 30th and 31st Streets
East to left on 37th Street

One block over toward river. Right on Kanawha Avenue
East on Kanawha Avenue to cone between 40th and 41st
Return

Info: Cheryl Gaynor 348.8008

cheryl.gaynor@cityofcharleston.org



Make Checks Payable / Mail Registration To:

Charleston Parks & Recreation
200 Baker Lane
Charleston, WV 25302

Danny Jones, Mayor



Joker Run & Walk

9 am Saturday, March 29, 2008

4 Mile Run / 2 Mile Walk

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Email: _____

Please Check All That Apply:

Male _____ 4 Mile Run _____
Female _____ 2 Mile Walk _____

Circle Age Divisions:

19 & Under 20 – 29 30 – 39
40 – 49 50 – 59 60 & over

Shirt Size: Youth: M
Adult: S, M, L, XL, 2XL



\$10. Runners Pre-registration (Must be received by Wed. March 26)

Same Day Registration \$15. Runners

\$5. Walkers Pre-registration (Must be received by Wed. March 26)

Same Day Registration \$10. Walkers

Waiver: I, the undersigned, waive and release myself, my heirs, executors, and administrators, any and all rights and claims for damages, demands, and any other actions whatsoever, which I may have against all participating sponsors and supporters and The City of Charleston, arising out of my participation in this event, including and all injuries, including death suffered me as a result of my participation in this event. I consider myself adequately trained for the completion of this event. Should I suffer an injury or illness, I authorize officials of this event to use their discretion to have me medically treated and transported to a medical facility. I also authorize the sponsors to use any photographs or video taken of me to be used in any promotional materials.

Signature: _____

Parent/ Guardian Signature Required Under 18 years of Age

Date: _____