



## Race Course

### Bike All Ages .7-Mile

- \*Start at Clendenin and Donnally
- \*Follow Donnally to Eagan (past St. Francis)
- \*Turn onto Eagan then left onto Christopher.
- \*From Christopher left onto Summers.
- \*On Summers turn right onto Donnally.
- \*Drop bikes at Donnally and McCormick.

### Run 7,8 .4-Mile

- \*Start at Donnally and McCormick (bike drop)
- \*Follow McCormick go left onto Joseph
- \*From Joseph go left onto Margaret.
- \*Follow Margaret across Donnally to sidewalk.
- \*Follow sidewalk between tennis courts and swimming pool to back pool entrance.

### Run 9, 10 .6-Mile

- \*Start at Donnally and McCormick (bike drop)
- \*Follow McCormick go left onto Joseph
- \*From Joseph go left onto Margaret.
- \*\*Follow Margaret turn left onto Donnally.
- \*Run to Donnally and Clendenin and turn right on to the sidewalk behind the ball fields.
- \*Follow sidewalk to back pool entrance

### Run 11,12 .6-Mile

- \*Start at Donnally and McCormick (bike drop)
- \*Follow McCormick go left onto Joseph
- \*From Joseph go left onto Margaret.
- \*\*Follow Margaret turn left onto Donnally.
- \*Run to Donnally and Clendenin and turn right on to the sidewalk behind the ball fields.
- \*Follow sidewalk to back pool entrance

**Swim: 7,8 & 9,10 25 Meters**  
**11,12 50 Meters**

## Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

*Please check all that apply:*

Boy  Girl

*Age Divisions:* 7,8 9,10 11,12

*Shirt Size: Youth: S M L Adult: L XL*

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 of Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Mail to: Charleston Parks & Recreation**  
**200 Baker Lane**  
**Charleston, WV 25302**