



2022 SAM WARNER 5-K RUN

OCTOBER 8, 2022 9:00 A.M.

PRESENTED BY THE SALEM APPLE BUTTER FESTIVAL

LOCATION: RAILS TO TRAILS. THE RUN WILL BEGIN ON THE RAIL-TRAIL ON FLINDERATION RD. TAKE THE FLINDERATION EXIT OFF U.S. ROUTE 50. THE EXIT IS APPROXIMATELY 1 MILE EAST OF SALEM AND APPROXIMATELY 8 MILES WEST OF CLARKSBURG. REGISTRATION IS TWO- TENTHS OF A MILE ON THE RIGHT OFF THE FLINDERATION ROAD EXIT. THE RACE WILL END ON THE RAIL-TRAIL IN FRONT OF ACE HARDWARE AND ACROSS FROM THE SALEM POST OFFICE IN SALEM, WV. PARKING IS AVAILABLE AT THE BEGINNING AND THE END OF THE RACE.

REGISTRATION AND COST: \$20.00 PER PERSON IF PAID BY FRIDAY, SEPTEMBER 1st, \$25.00 AFTER SEPTEMBER 2nd. NO EXCEPTIONS. PARTICIPANTS ARE ENCOURAGED TO PRE-REGISTER TO TAKE ADVANTAGE OF THE REDUCED FEE. PRE-REGISTRATION MUST BE RECEIVED (INCLUDING ENTRY FORM AND FEE) BY FRIDAY SEPTEMBER 1st REGISTRATIONS WILL BE ACCEPTED ON THE DAY OF THE RUN UNTIL 8:30 A.M.

WALKERS WELCOME

FOR ON-LINE REGISTRATION: www.applebutterfestival.com

SERVICES: SHUTTLE: A VAN WILL RUN BETWEEN THE FINISH AND STARTING LINES UNTIL 8:30 A.M. AND AGAIN FOLLOWING THE CLOSING CEREMONIES, RESTROOMS AT BEGINNING AND END OF RACE. REFRESHMENTS AT FINISH LINE

PRIZES AND AWARDS: T-SHIRTS WILL BE AWARDED TO THE FIRST 100 RUNNERS/WALKERS WHO PRE-REGISTER. ANY REMAINING SHIRTS WILL BE AVAILABLE IN ORDER OF REGISTRATION. SHIRT SIZES NOT GUARANTEED. A RIBBON WILL BE AWARDED TO EACH PARTICIPANT

MEDALS WILL BE AWARDED TO THE TOP THREE (3) FEMALE AND MALE FINISHERS AND TO THE TOP THREE (3) FEMALE AND MALE FINISHERS IN EACH AGE GROUP. The age groups will be 9 & under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, and 70 & over. Only one medal will be awarded per winner.

COMPLETE AND FORWARD THE FORM BELOW ALONG WITH \$20.00 TO SALEM APPLE BUTTER FESTIVAL, PO BOX 293, SALEM, WV 26426. MAKE CHECKS PAYABLE TO THE SALEM APPLE BUTTER FESTIVAL. QUESTIONS - **CALL OR TEXT Chase Howell at 304-871-1845 or Wylie Howell at 304-627-4430 OR EMAIL US AT salemapple@hotmail.com**

SAM WARNER 5K REGISTRATION FORM

NAME: _____ M _____ F _____ AGE ON 10-08-22 _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ E-MAIL _____ SHIRT SIZE M _____ L _____ XL _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

CHECK ONE: _____ RUNNER _____ WALKER _____ CHECK IF FIRST TIME PARTICIPANT



I, THE UNDERSIGNED, IN CONSIDERATION OF MY ENTRY IN THE SALEM APPLE BUTTER FESTIVAL SALEM WARNER 5K RUN DO CERTIFY THAT I AM PHYSICALLY FIT AND SUITABLY TRAINED TO PARTICIPATE IN SAID EVENT. I AGREE TO BE BOUND BY ALL RULES OF THE RACE AND DECISIONS OF THE OFFICIALS. I HEREBY FOREVER RELEASE AND DISCHARGE THE ORGANIZATION AND SPONSORS HOLDING THIS EVENT, ITS AGENTS, REPRESENTATIVES, SUCESSORS, AND ASSIGNS FROM ANY AND ALL CLAIMS, COURSES OF ACTION AND SUITS WHICH SHALL OR MAY HAVE ARISEN AS A RESULT OF MY PARTICIPATION IN SAID EVENT.

SIGNATURE OF APPLICANT: _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE _____

(IF PARTICPATE IS UNDER 18)