

Virginia BBQ Fun Run 2024

Registration Form



Saturday, June 8, 2024 | 8:30am Start



250 S. Front St, in front of the Fire Department

\$20

INCLUDES SHIRT & REFRESHMENTS

REGISTRATION

PRE-REGISTER THRU WEDNESDAY 5/29/24 TO RECEIVE A SHIRT
RACE-DAY REGISTRATION: 7:45-8:15

AWARDS

FIRST, SECOND, AND THIRD PLACE MEDALS WILL BE AWARDED FOR THE TOP 3 MEN'S AND WOMEN'S FINISHERS!

COURSE MAP

CHECK OUT THE CASS COUNTY HEALTH DEPT FACEBOOK PAGE AND WEBSITE FOR ROUTE INFO!



Cass County



Public Health
Prevent. Promote. Protect.



CASS COUNTY HEALTH CLINIC



Our Family. Caring for Yours.

CASS COUNTY DENTAL CLINIC



Our Family. Caring for Yours.



VIRGINIA FIRE DEPARTMENT

Serving Biscuits & Gravy from 7am-10am

ACCEPTING DONATIONS

BECKY'S GOODTIMES

Special: 1 pancake, 2 eggs, meat, toast, & drink

\$11 6AM - 8PM

NOW & THEN

Open at 9am
Serving coffee and lotus drinks

NO BREAKFAST

CARAWAY PUB

\$8 Loaded Bloody Marys

8:30AM - 11AM

CREEKSIDE BOUTIQUE & COFFEE

Open at 8am
Serving coffee and lotus drinks

Fun Run Registration

Last Name

First Name

Date of Birth

E-mail Address

Shirt Size:
(Please circle one)

S M L XL XXL

Waiver of Liability: I agree that by participating in The Virginia BBQ Fun Run, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that may result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during this event. In exchange for accepting my entry fee, I agree to be legally bound, for myself, my heirs, next of kin, executors, and administrators, and voluntarily assume all risks of accident or injury and release and forever discharge, indemnify and hold harmless The Cass County Health Department, The Virginia Barbecue Committee, its officers, employees, members, representatives, agents, volunteers, and/or sponsors ("Released Parties") from any and all liability for personal injury or property damage of any kind sustained during the event, whether such personal injury or property damage is caused directly or indirectly by the Released Parties. I grant permission to Cass County Health Department to use any photo-graphs or videotapes taken during the event to use for future promotions of the event. I have full knowledge of the risks involved and attest that I am physically fit and sufficiently trained to participate in the Fun Run.

I have read and agree with this Waiver of Liability and wish to participate in the Virginia BBQ Fun Run.

Signature

Date

Parent's Signature (if under 18)

Please return this section plus payment to:

Cass County Health Department
Virginia BBQ Fun Run
331 S Main St.
Virginia, IL 62691

PAYMENT

- A check for my registration is enclosed.
- I plan to pay cash at the event.

*If writing a check for more than one registration, please include the participant names on the memo line of the check. Checks may be made out to Cass County Health Department