DASH *for* DIABETES

2025 5K — RAVENSWOOD, WV

Rain or Shine!

SATURDAY, JUNE 14
Riverfront Park, Ravenswood, WV
REGISTRATION: **7:00 AM** | RACE TIME: **8:30 AM**

Online registration now available at:
COPLINHEALTH.COM/5K

5K RUN / WALK REGISTRATION FORM

FEES:
Pre-Registration Fee - (deadline May 23) Ages 18+ - $20 | 17 & Under - $10
Regular Registration Fee - (deadline June 14 at 8:00 am) Ages 18+ - $25 | 17 & Under - $15
Pre-Registration due by May 19 to guarantee shirt

PROCEEDS: All proceeds will go to Coplin Health Systems Diabetes Education Program and the Ravenswood Recreation Youth Program.

RULES: This is an RCRW series race. All rules must be followed regarding walking. If you register to walk, you must walk — no running. If you want to run and walk, register to run. Walkers who run will be disqualified.

AWARDS: Overall & Age Group Awards will be given to runners & walkers.

INFO: For more information email: **jamesl@coplinhealth.com**

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Make Checks payable to: Wirt County Health Services Association

Pre-Registration Due by May 19th to guarantee shirt

Name: _____ ☐ Male ☐ Female   Birth Date: ____ /_____ / _____   Age on Race Day: _____

Street Address:_____   City: _____ State: _____ Zip: _____

Email:_____ Phone: _____   Registering as: ☐ Team ☐ Individual

Team Name: _____

Tee Shirt Size: ☐ Youth SM ☐ Youth M ☐ Youth L

Team Captain: _____

☐ Adult SM ☐ Adult M ☐ Adult L ☐ Adult XL

Team Member: _____

☐ Adult 2XL ☐ Adult 3XL ☐ Adult 4XL ☐ Adult 5XL

Team Member: _____

Event Entering: ☐ 5K Run   ☐ 5K Walk (MUST WALK – See rules above.)

Team Member: _____

By signing below, I give Coplin Health Systems permission for photos and names to be released for promotional purposes and follow up race articles. Waiver: In consideration of your accepting my entry to the Diabetes Dash Run/Walk, I intend to be legally bound, do hereby for myself, my heirs, and assigns, waive all claims for damages which I may have, or which may hereafter occur to me against the race committee, its volunteers, the City of Ravenswood, and other sponsors, promoters and contributors affiliated for any and all injuries and illnesses which may result from my participation. I attest and verify that I have full knowledge of the risk involved in these events, that I am physically fit and sufficiently trained to participate. I have read the above statement, I understand the statement, and my signature confirms its full acceptance.

✗ _____   _____

Signature of Participant or Parent Guardian (if under 18)   Date

Mail Completed Forms & Fee to:
Wirt County Family Care, 483 Court Street, Elizabeth, WV 26143
or Register Online at: **coplinhealth.com/5k**