

# City of Seneca

# HALF MARATHON & 5K

**SATURDAY,  
MARCH 18<sup>TH</sup> 2017**



**HALF MARATHON BEGINS @ 8:15AM**  
5K BEGINS @ 8AM

**RUN FOR THE GREEN**

**FINISHERS MEDAL (HALF MARATHON ONLY)**

**HALF MARATHON CASH PRIZES**  
MALE & FEMALE, MASTERS MALE & FEMALE,  
1ST, 2ND, 3RD PLACE OVERALL WINNERS

**5K CASH PRIZES**  
MALE & FEMALE, 1ST, 2ND, 3RD PLACE  
OVERALL WINNERS



**Dress your  
Best for the  
Pre Race  
PARTY!**



## REGISTRATION FORM

### Fees:

**5K** PRE-REGISTRATION \$20 RACE DAY \$30  
**Half Marathon** PRE-REGISTRATION \$50 RACE DAY \$60

NAME

ADDRESS

CITY, STATE

ZIPCODE

GENDER:

M F

AGE on race  
day:

EMAIL

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

RACE ENTERED: \_\_\_ 5K BEGINS @ 8AM  
\_\_\_ HALF BEGINS @ 8:15AM

T-SHIRT SIZE: S M L XL 2XL

WAIVER: I UNDERSTAND THAT RUNNING A ROAD RACE IS POTENTIALLY DANGEROUS ACTIVITY. I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF A RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE RUN. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT, INCLUDING BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF THE WEATHER, TRAFFIC AND THE CONDITION OF THE ROADS. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE CITY OF SENECA, RACE OFFICIALS, VOLUNTEERS, AND ALL SPONSORS FROM ALL CLAIMS AND LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT.

SIGNATURE

DATE

FOR MORE INFORMATION (MAPS, RACE PACKET  
PICK-UP, ETC.) VISIT US ONLINE AT:

[WWW.SENECA.SC.US](http://WWW.SENECA.SC.US)

MAIL COMPLETED FORM TO:

698 WS 4TH STREET SENECA, SC 29678

**313  
CAFE**

  
**UPSTATE**  
MEDICAL ASSOCIATES, PA.

**CORE24**