

5th annual  
**CARL TRIBASTONE**  
**MEMORIAL 5K**  
 2009

TO BENEFIT LIFE<sup>NET</sup> HEALTH

**Dri-Fit Tees**  
 for the  
**first 400**  
**adult**  
**entrants!**



You are invited to Carl Tribastone Memorial 5K Run/Walk to benefit organ and tissue donation/ transplantation. Men, women, and children of all ages are encouraged to join us as we remember Carl and raise money for a terrific cause!

- Where:** Forest Lakes South Pool/Clubhouse  
 1650 Ashwood Blvd, Charlottesville, Va. 22911
- When:** Saturday, August 15, 2009 at 7:30 a.m.
- Cost:** \$25 registration fee, \$30 on race day  
*\$75 max family entry fee for 3 or more in the same family.  
 Financial aid available if needed. Donations appreciated.*

**Beat the heat**  
 with our **early start**  
**time!**

- Packet Pickup:** Friday, August 14<sup>th</sup>, from 4-7:00 pm  
 Forest Lakes South Pool/Clubhouse  
 1650 Ashwood Blvd, Charlottesville, Va. 22911

**Strollers and joggers**  
**welcome!**

Detach form below and attach cash or check payable to **LifeNet Health**.

For preregistration, mail to  
**Carl Tribastone 5K,**  
**977 Seminole Trail #272,**  
**Charlottesville, VA 22901**  
 or submit race entry and fee at  
**Ragged Mountain Running Shop** by  
**Friday, August 14, 2009, or** register race  
 day at **7:00 a.m.**

For more information, contact us at:  
**director@carltribastone5k.org**  
**434-980-3024**

**www.carltribastone5k.org**  
**sign up to be an organ donor!**  
**www.save7lives.org**

Thank you to our sponsors:



Also thanks to: Trinity Investment Properties, CNT Restoration, Real Estate 99, and Albemarle Estate Services

**Registration**  
 (please print)

Name: \_\_\_\_\_ Age on race day: \_\_\_\_\_ Sex \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate quantity next to the desired T-shirt sizes: **Youth:** \_\_ S \_\_ M \_\_ L **Adult:** \_\_ S \_\_ M \_\_ L \_\_ XL

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by all decisions of the race officials relative to my ability to complete the run safely. 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, including high heat and humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release LifeNet, Forest Lakes Community Association, the County of Albemarle, all beneficiaries, race directors, race organizers, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. Furthermore, I agree to be bound by the rules established with respect to this event. In addition, I understand that if the race is cancelled by circumstances beyond the control of the organizers, my entry fee will not be refunded.

Signature: (parent's signature if participant under 18 years of age) \_\_\_\_\_ Date: \_\_\_\_\_