



Mountain Junkies LLC.
Saturday October 27th, 2018
12th Into the Darkness
Night 4 Mile Trail Run, 7:00pm

This is one of the Roanoke Valley's most unique events. The 4ish mile course will take you through miles of IMBA designed trails. The course consists of twisty rolling single track. The trails will be marked with reflective arrows, glow sticks, and the occasional surprise (nothing scary, this event is for all ages). Every effort will be taken so that you will easily be able to find your way and stay on course.

A light source is mandatory; it is recommended that you have at least a headlamp or flashlight. Some runners find that it is best for them to carry one of each. We will leave this up to your personal preference. It is recommended that you try your choice of light source, under similar conditions, prior to running the race.

PLEASE NOTE—Headlamps, flashlights, and any other light source will not be provided by race management.

11 Age Groups include, for both male and female: 9 and Under; 10-14; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65 and over.

The top 3 overall male and female and top masters winners will receive distinctive awards and the top three finishers in each age group will receive a unique handmade award recognizing their achievement.

Race Entry - \$27.50 pre-registration on or before October 2nd
 - \$32.00 after October 2nd
 - \$35.00 on race day

Race day registration and packet pick-up from 5:15 - 6:45pm.

*****Only pre-registered racers are guaranteed a t-shirt*****

Make checks payable to Mountain Junkies L.L.C.

Mail to 212 East Main Street, Salem, VA 24153.

Contact: Josh Gilbert, 540-525-9452

info@mountainjunkies.net

Directions and more race information at www.mountainjunkies.net

Gilbert Chiropractic
 212 East Main Street
 Salem, VA 24153
 (540) 375-3990



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10/27/18 - Into the Darkness - 4 Mile Night Trail Run - 7:00pm

Name: _____ M or F Age (on race day): _____

Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail: _____

For Wave Placement: I typically race a 5k at _____ min. pace/mile or I am a Walker _____ (All waves qualify for

Circle your Gender Specific Long Sleeve size: { S } { M } { L } { XL } (Only pre-registered racers are guaranteed a t-shirt)

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Assumption of Risk: I acknowledge that this athletic event, Into the Darkness Night Trail Run carries with it the potential for serious injury and even death. The risks include, but are not limited to, those caused by terrain, darkness, facilities, weather, condition of athletes, equipment, vehicular traffic, and actions of other people including but not limited to, participants, volunteers, spectators, event officials, and the producers of the event. I hereby agree to assume all of the risks of participating in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault.

I certify that I am physically fit and have trained sufficiently for participating in this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holder and organizers. In addition, I understand that there will be no refunds.

I will hold harmless and fully indemnify Mountain Junkies L.L.C., Roanoke County Parks, Recreation & Tourism, and race volunteers from any and all claims, damages, actions, liability and expenses now and in the future, in connection with any and all personal and bodily injury and/or damage or theft of personal property, be it foreseen or unforeseen.

By signing below, the participant and/or guardian of the youth registered on this form authorizes him or her to participate in this race and signifies agreement to all the terms and releases stated on this registration form.

Signature of Participant: _____ **Date:** _____

Signature (Parent / Guardian) _____ **Date:** _____
(Runners under 18 years of age)

10/27/18 - Into the Darkness - 4 Mile Night Trail Run - 7:00pm

Name: _____ M or F Age (on race day): _____

Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail: _____

For Wave Placement: I typically race a 5k at _____ min. pace/mile or I am a Walker _____ (All waves qualify for medals)

Circle your Gender Specific Long Sleeve size: { S } { M } { L } { XL } (Only pre-registered racers are guaranteed a t-shirt)

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