



Department of Urology
and



The 2008 Charlottesville Men's Four Miler

An all male run/walk to benefit Prostate Cancer programs at UVa

Saturday, December 6th

8:30am

Wesley Chapel Road in Free Union

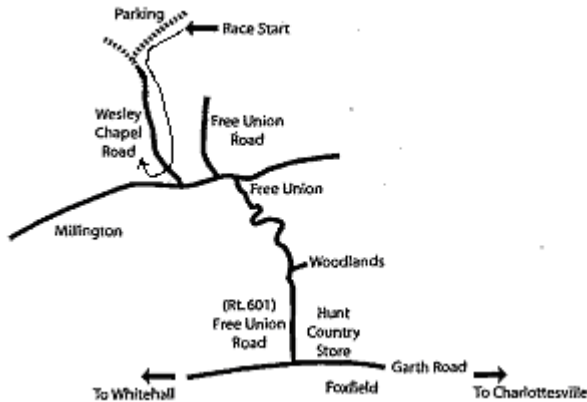
Entry Fee: \$26 donation if you enter by noon on December 4th. \$30 on race day! Race day registration is from 7-8am. Registration Forms and donations can be mailed or delivered to: Ragged Mountain Running Shop, #3 Elliewood Ave., Charlottesville, VA. 22903. CTC Member Discount - \$ 1.00

A Free official Men's Four Miler Technical wicking shirt to all entrants!

The **Top Three** overall finishers will receive special merchandise awards. Prizes will be awarded to placers in the following **Age Groups** : 10 & younger, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 & over.

TEAMS : You may choose to enter as part of a team which can be a lot of fun! With the exception of the Father/Son team, teams must have a minimum of 4 and a maximum of 8 members. If you wish to enter as a team, please turn in your full team roster (name of team and names of individuals) to Ragged Mountain by **December 4th @ 6pm**. Please note your category: 1-Open (any age), 2-Masters (all members 40+), 3-Family (all members related), and 4 – Father/Son.

FREE PARKING will be available courtesy of the McIntosh Family (see map). In case of inclement weather (ice or snow) on race day call 293-3367 (race morning only) or listen to Generations 102.3 FM.



DIRECTIONS: Head west on Garth Rd. Turn right onto Free Union Rd (Rt 601). Bear left at Moppin’s Store in Free Union. Take your next left onto Millington Rd. Pass Free Union Baptist Church on the right and take the next right onto Wesley Chapel Rd. Continue about 1.5-2 miles.

COURSE: This gently rolling course takes the runners along a beautiful country road featuring panoramic views of the mountains.

WHAT DOES THE RACE SUPPORT?

PROSTATE CANCER is reported to be the leading type of cancer in men and the second leading cause of death among American males (over 40,000 deaths/year). For the fifth consecutive year, proceeds of this race will benefit Prostate Cancer programs at the UVa Department of Urology. The proceeds **stay locally** and support **innovative research, patient education and support services**. We encourage everyone to learn more about prostate cancer and the special treatment options available at UVa, including robotic surgery. For more information please go to www.uvaprostate.com.

-----Please cut and mail or deliver to #3 Elliewood-----

Name (Please Print) _____ Age _____
 Full Mailing Address _____
 _____ Zip Code _____
 E-Mail Address _____ Phone _____
 T-Shirt Size (Circle) S M L XL XXL CTC Member ? Yes No
 Yes, I would like to give \$ _____ beyond the entry fee for a total of \$ _____.

WAIVER: MUST BE SIGNED BY PARTICIPANT AND BY PARENT OR GUARDIAN IF UNDER 18

I know that running a trail race is a potentially hazardous activity. I should not enter 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, tricky footing in general, 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 Charlottesville Track Club, the County of Albemarle, The University of Virginia, The Department of Urology at UVA, The Ragged Mountain Running Shop and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. In consideration of the safety of all participants, I understand that absolutely no baby joggers, baby strollers, headphones, animals on or off a leash, or skippy materials are allowed on the course. 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 _____ Date _____

Signature of Parent or Adult Guardian (If under 18) _____

Please mail or deliver to: Men’s Four Miler, #3 Elliewood Ave., Charlottesville, VA., 22903

Please make checks payable to: UVa Urology – Men’s Four Miler

\$26 if registered by December 4th.....\$30 on race day!

Donations (for Prostate Cancer programs) beyond the entry fee are greatly appreciated!

