



Tim Kennard
River Run Presents

Rob's Run for Kids

AGE GROUPS

- 2-4 year olds - 50 yards
- 5-6 year olds - 100 yards
- 7-8 year olds - 0.25 miles
- 9-10 year olds - 0.5 miles



POHANKA
PAYS IT FORWARD
PRESENTS THE NINETEENTH ANNUAL

Tim Kennard
**10 Mile
River Run**
& 5K Run/Walk

TITLE SPONSOR



KING KONE
69th St. & 143rd St.
Ocean City, MD



Saturday, March 2, 2024

Entry Fee Is a Donation • Registration: 1-1:30 p.m. • Race: 2 p.m • EVO Public House

Any donations collected will benefit the Robert Schultheis Memorial Scholarship at Salisbury University
in memory of local runner and community advocate Rob Schultheis.



ROB'S RUN FOR KIDS

To honor Rob Schultheis - a local runner who lost his life while running

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2024 TIM KENNARD RIVER RUN PRESENTS ROB'S RUN FOR KIDS INDIVIDUAL REGISTRATION FORM REGISTRATION FEE IS A DONATION.

first name

m.i.

last name

mailing address (include apartment number)

city

state

zip code

email address

____-____-____

phone number (include area code)

gender

____-____-____

date of birth (mm-dd-yy)

age on race day

EVENT WAIVER/RELEASE OF LIABILITY (MUST BE SIGNED)

I know that running/walking 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 any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with running and walking in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including cold and high heat, traffic and conditions of the road/sidewalks, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of my accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the following: Salisbury University, The City of Salisbury, Wicomico County Maryland, Tim Kennard River Run Inc., Road Runners Club of America, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this event. I understand and waive even though that liability may arise out of carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature

Date

Parent Signature If Under 18

Date