

A Ruck to Remember



Where: Veterans Memorial Park

When: Saturday, February 10th Start Times: Safety Brief 0715

20K-0730, **10K**-0740, **5K**-0750

Details: Start at Veteran's Memorial Park and finish at The Gold Star Mother's Memorial Garden between the Main Post Chapel and the Spiritual Life Center (SLC).

Three Routes are available. 5K "Survivor" Route, 10K "Remembrance" Route and the 20K "Gold Star" Route

Email lee.m.richards4.civ@army.mil for route maps

Optional: Pre-Order T-Shirt - \$20Optional: Velcro Event Patch - \$12

o **DEADLINE** for Pre-orders is **01/26/2023**

All proceeds will go to Survivor Outreach Services

Pre-Registration:

Pre-registration is highly recommended.

Registration forms will be at both the Fortenberry-Colton Physical Fitness Center and the Fort Novosel Physical Fitness Center, and available to print off on the MWR website

Registration forms can be processed at either Physical Fitness Center. If necessary, payments may be accepted in the form of CASH, CHECK or Credit Card at both locations or online.

Questions? Contact Lee Richards

phone: 334-255-9639

email: lee.m.richards4.civ@army.mil

A Ruck to Remember 5K/10K/20K

Saturday, February 10th 0715





Ruck only - No Ch	arge			
Circle preferred shirt size - \$20				
Small	Medium	Large	X-Large	XL(add \$2)
Velcro Patch - \$12	2/ea			
Quantity: _				
D	RELEASE & EPARTMENT OF		LESS AGREEMEN LFARE, AND REC	
I agree to abide by any decision this event including, but not lim traffic, and the conditions of the in consideration of your accepti Welfare, and Recreation Fund a will never prosecute, or in any vinjury to my person or property	of a event official, relatively inted to, falls, contact with a road, all such risks being my entry, I, for myself and the United States Govern and in prosecuting and that may occur from any damage or loss to the United States I damage I	ve to my ability to safe h other participants, t g known and apprecia f and anyone entitled vernment, from any li y demand, claim or su y cause whatsoever be	ely complete the ruck. I the effects of the weather ated by me. Having reac to act on my behalf, wa abilities or claims arising uit against the United Sta ecause of taking part in the ent that is caused by my	assume all risks associated with rucking, in er (including cold and/or precipitation), it this waiver and knowing these facts, and live and release the Department of Morale, if from my own participation. I agree that I ates Government for and loss, damage or this activity. I also understand and agree y gross negligence, willful misconduct, or
			CLEARLY	
Select Route: (5K/10	K/20K)			
Last Name:		F	irst:	
Phone:	E	Email:		
Signature:			Date:	
(Parent or Guardian must sign	if under 18.)			
				and officer, Agency or employee of the sed and paid for (with Cash, Check or CC)
Pl	ease do not write b	elow this line. To	o be completed by	MWR Staff
Information ha	s been confirmed	1		
Form is comple		_	Staff name	Date received