

TIMBERNECK 5K

Start

Fun Run—7:45 a.m.

5K—8:30 a.m.

Race Day Packet Pickup

Race Day, 7:00-8:00 a.m.

5K Entry Fees

Early Registration: \$35

(postmarked by June 6, 2025)

Late Registration: \$40

(postmarked after June 6, 2025)

Race Day: \$45

Fun Run

This is a one-mile, out-and-back course.

Open to all ages at no cost.

All race registrants and/or spectators will be required to pay a \$5 admission fee per vehicle.

Online Registration

<https://runsignup.com/timberneck5k>

5K Awards

Male and Female Top 3 Overall

Top 5 Walkers

Male and Female Winner in Age Group:

(13 and under, 14-19, 20-24, 25-29, 30-34,

35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69,

70-74, 75 and over)

SATURDAY, JUNE 21, 2025

MACHICOMOCO STATE PARK

3601 Timberneck Farm Road, Hayes, Va.

Run or Walk Through Virginia's Rich History

All runners and walkers are invited to participate in this inaugural race in the newly established Machicomoco State Park. With sweeping views of the York River, the course will follow a flat, 3.1-mile loop. Race proceeds will go to the Fairfield Foundation that is responsible for the preservation and restoration of the Timberneck House. The race is capped at 150 participants and will be held rain or shine.



T-shirts

T-shirt guaranteed for all EARLY 5K registered participants. Late entries available as supplies last.

Unclaimed packets, t-shirts and awards will not be mailed.

Race Director

Rick Webb, Race Director

(757) 753-2546

email rwebb47@cox.net

Finish line results provided by Peninsula Track Club.

SCAN TO REGISTER



TIMBERNECK 5K

Mail to ► Peninsula Track Club, P.O. Box 11116, Newport News, VA 23601

RACE REGISTRATION

LAST NAME _____ FIRST _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ____/____/____ AGE ON RACE DAY ____ GENDER: ☐ M ☐ F PTC Member? ☐ YES

T-SHIRT SIZE (Check one) ☐ S ☐ M ☐ L ☐ XL ☐ XXL (+\$2)

EMAIL ADDRESS: _____ PHONE (____) _____

(Including your email address will ensure that you receive timely race updates.)

ENTRY FEES

| | |
|-------------------|-------|
| \$0 FUN RUN | _____ |
| \$35 by 6/6/2025 | _____ |
| \$40 by 6/21/2025 | _____ |
| \$45 RACE DAY | _____ |
| XXL shirt (+\$2) | _____ |
| Add'l donation | _____ |
| TOTAL | _____ |

Make check payable to **Peninsula Track Club**

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, Peninsula Track Club, Fairfield Foundation, Virginia Department of Conservation and Recreation and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes. This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non transferable. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18)