



*In memory of Gavin John Fletcher  
January 3, 1967 - December 11, 2006  
Husband, Father, Friend  
and Competitor*

**Gavin Fletcher** was a member of ROC; he was an amazing friend to a lot of people; he was a fierce competitor and he was a gifted athlete, but first and foremost he was a true family man. No matter what Gavin was doing, his thoughts and comments would eventually turn to his family. Whether it was forgoing that coffee at Starbucks after a run or skipping a beer in the pub, Gavin's priority was always to get home to Natalie, Sophia and Claudia. He was a man who truly cared for his family and his friends.

Gavin was the type of guy that when ROC was having a social run up on the trails at Strathcona Park one hot summer day he rode his bike up to the Nordic Lodge while the rest of us choose to drive to the top of Mount Washington to start the run. After meeting the group at the assigned time, he quickly downed a half a bottle of water and then set out with us for what ended up being a very strenuous 2 ½ hour trail run. After the run, he hopped back on his bike and rode away... he was that kind of guy. He would always amaze you with his ability.

Whether it was riding his bike up to the top of a mountain to run or deciding on a whim that he should train for a triathlon or compete in an Adventure Race - he always did things with a smile on his face, a great attitude and with great results. Gavin was very humble in his abilities. No matter how well he placed in a raced he was never quick to tell you how he did, you would have to drag it out of him. He would always tell you that he wasn't in shape, that he had to lose 30 pounds and that he needed to start training. We miss Gavin; we miss his laughter, his smiling face and his great stories. This race is in memory of him.

# FLETCHER'S CHALLENGE

Trail Race & 6km Family Walk

**Good Friday  
April 19, 2019**

(Rain or shine or sleet or snow!)

**Westwood Lake in Nanaimo  
Point to Point Trail Race 9:30am  
Family Walk 10:00am**

Important details at:

[www.fletcherschallenge.blogspot.com](http://www.fletcherschallenge.blogspot.com)

\*\*\*Trail Race Capped at 250 registrants\*\*\*



# WAIVER OF LIABILITY

In consideration of the acceptance of my entry form to the Fletcher's Challenge Trail Race, I the undersigned for myself, my dependents, my heirs, executors and my representatives hereby release and discharge Runners of Compassion – Nanaimo Chapter, Frontrunners, The City of Nanaimo, BC Hydro, Island Timberlands, Morrell Nature Sanctuary, Regional District of Nanaimo, TimberWest, Vancouver Island University and their director, officers, agents and employees and/or any other organizations or sponsors of this event from any claims, demands, liabilities, losses, damages, and expenses which may result by reason of my participation in the 2018 Fletcher's Challenge Trail Race. I certify that I have full knowledge of the risks involved in this trail running event and that I am physically fit and sufficiently trained to participate. I also agree to abide by all race rules whether written or verbal. The race director reserves the right to refuse entry if I do not follow these rules. Unless indicated to the contrary by my parent or guardian below, I am 19 years or older.

\_\_\_\_\_  
\*Participant Name/Signature

\_\_\_\_\_  
\*Participant Name/Signature – Guardian (for entrants under 19)

\_\_\_\_\_  
Date:

**Waiver must be signed**

\_\_\_\_\_  
Medical Conditions:

\_\_\_\_\_  
Emergency Contact and phone #

# OFFICIAL ENTRY FORM

**Trail Race:** \$40/person early bird up till April 14, 2019 or \$45 thereafter

**6km Walk:** \$25 /family

Drop off registration form at Frontrunners Nanaimo **before noon, April 18, 2019.** Day-of race registration available starting at 8:30am, or register online at [www.fletcherschallenge.blogspot.com](http://www.fletcherschallenge.blogspot.com)

## TRAIL RACE (Approx. 17KM) REGISTRATION

\* Required Fields

\* Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\* Birthday: \_\_\_\_\_ \*Age on Race Day: \_\_\_\_\_ \*Sex: M F

\* Medical conditions: \_\_\_\_\_

\* Emergency contact/phone: \_\_\_\_\_

## 6KM FAMILY WALK REGISTRATION

\* Required Fields

\* Address: \_\_\_\_\_

\* Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\* 1. Name: \_\_\_\_\_

\* Birthday: \_\_\_\_\_ \*Age on Race Day: \_\_\_\_\_ \*Sex: M F

\* 2. Name: \_\_\_\_\_

\* Birthday: \_\_\_\_\_ \*Age on Race Day: \_\_\_\_\_ \*Sex: M F

\* 3. Name: \_\_\_\_\_

\* Birthday: \_\_\_\_\_ \*Age on Race Day: \_\_\_\_\_ \*Sex: M F

\* 4. Name: \_\_\_\_\_

\* Birthday: \_\_\_\_\_ \*Age on Race Day: \_\_\_\_\_ \*Sex: M F

\* 5. Name: \_\_\_\_\_

\* Birthday: \_\_\_\_\_ \*Age on Race Day: \_\_\_\_\_ \*Sex: M F