

Entry Form

Thanksgiving Day Early Bird 5K & 3K

Bib # _____

Run/Walk

8:30 AM November 23, 2023

Check Event Registering For: (One registration form per person)	Thru 10/31	11/1 – 11/22	Day of Registration
___ 5K Registration (Timed w/ Race Shirt)	\$25	\$30	\$35
___ 5K Not Timed/No Shirt *(Canned Food/Pet Food Donation)	Food	Food	Food
___ 3K Registration (Timed w/Race Shirt)	\$25	\$30	\$35
___ 3K Not Timed/No Shirt *(Canned Food/Pet Food Donation)	Food	Food	Food

* Canned Food/Pet Food Registrants are not eligible for awards, shirts, chip timing, or goody bags. Individual race bibs will be given to all participants and colorcoded based on 5K or 3K.

Name: _____ DOB: _____ Age: _____
Address: _____ City: _____
State: _____ Zip: _____ Gender: M ___ F ___ Phone () _____
Email: _____
(Circle One)
Shirt Size: Adult S Adult M Adult L Adult XL Adult XXL Youth S Youth M Youth L
******Shirts may not be exchanged or sizes swapped. Shirts only guaranteed to those who register before November 1, 2023 ******

Make Checks Payable to **United Way** & add "5K" to memo line.

Mail to: Davidson County Health Department, Attn: Christy Sink 915 Greensboro Street Lexington, NC 27292

Waiver: By indicating your acceptance, you understand, agree, warrant and covenant as follows: I acknowledge that running a 5K is 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 complete this run safely. I assume all risks associated with running this event, including but not limited to falls, contacts with other participants, and effects of weather, traffic and track conditions. Knowing and appreciating all such risks by me, having read this waiver and knowing these facts and in consideration of you accepting my entry. I for myself, and anyone entitled to act on my behalf, waive and release Davidson County Government, Davidson County Early Bird 5K, and their sponsors, and all their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event. Even though the liability may arise out of negligence or carelessness on the part of the person named in this waiver. I further understand that the decision of the event judges is final and that there are no refunds, exchanges or transfers. I further grant permission to Davidson County Government and Davidson County United Way to use photographs or any other record of this event for any legitimate purpose and recognize that in the interest of safety and liability all unauthorized vehicles, bicycles, skateboards, roller skates, in-line skates, strollers, baby joggers, headphones, and dogs must be prohibited from the course.

Signature (required) _____ **Date:** _____