



Saturday, June 2, 2012
Downtown Hickory, NC



Event

Race distance is 13.1 miles. Chip Timed. Start/finish line is in Downtown Hickory, NC. Start time – 6:30am. Information: www.charitychase.com, www.runsignup.com, contact@leetiming.com



Registration

\$40 through February 1, 2012
\$50 February 2 through April 15
\$60 April 16 through May 31
\$70 June 1st at Expo (if spots remain)

NO RACE DAY REGISTRATION

A \$10.00 registration fee will be charged for all paper registrations (does not apply to Sponsor Entries). Register online or mail your completed entry to Charity Chase, c/o Lee Timing LLC, PO Box 2178, Morganton, NC 28680. Date of post mark will be determining date if mailed. Registration fee is non-refundable and non-transferable. Registration and packet pick-up will be Friday night from 5:30-8pm at the Piedmont Center. Race day packet pick up and timing chip pick up from 5:30-6:15am on Union Square in Downtown Hickory. Packets cannot be mailed.



Directions

I-40 East, Exit 125 Lenoir Rhyne Blvd., turn Right onto Lenoir Rhyne Blvd. I-40 West, Exit 125, turn left onto Lenoir Rhyne Blvd. Left onto Tate Blvd.-- turns into 1st Ave. SE, Follow into downtown area – turns into 1st Ave. SW. Turn Right on 2nd St. SW.



T-shirts

All entries will receive a short sleeve **technical shirt**. Sizes cannot be guaranteed.



Awards

Top 3 overall male and female finishers, top 3 in each age group.



Volunteers

If you would like to be a volunteer or have a group that would like to volunteer, please contact us at: charity.chase@yahoo.com

2012 Official Entry Form
Charity Chase Half Marathon- June 2, 2012
(One participant per form. This form may be duplicated.)

Please print legibly!

Where did you hear about this race? _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Email: _____

Age on June 2, 2012: _____ Birth Date: _____ Gender: Female _____ Male _____

Emergency Contact: _____ Phone: _____

T-Shirt Size: (Can't guarantee size with registration) ☐ S ☐ M ☐ L ☐ XL Expected Finish Time _____

Entry Fees: \$40 by 2/1, \$50 by 4/15, \$60 by 5/31, \$70 at Expo on June 1st. No race day registration.

Processing Fee: \$10 (does not apply to sponsor registrations)

Total: \$ _____

Cash or Check Only - Checks payable to Charity Chase

Please Read and sign this waiver. Then enclose payment and mail to the address listed above.

Waiver: Participating in the Charity Chase Half Marathon can be a serious threat to the health of participating individuals, especially to those who have not trained or are not in excellent health. Those participating should check with their physician prior to participating in the Charity Chase. Knowingly and at my own risk I am applying to enter the Charity Chase. I myself, executors, administrators, heirs and assignees and anyone entitled to act on my behalf do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss damage or expenses of whatever kind and nature including, but not limited to attorney fees which may any time may be incurred by reason of my participation in or my preparation for any of the afore said events that I may incur as a result of my participating in the Charity Chase. I myself and anyone entitled to act on by behalf also do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss damage or expenses or whatever kind and nature against the Charity Chase, the City of Hickory, Catawba County and the State of North Carolina, all sponsors or any employee, volunteer, official or elected official of these organizations. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. I further hereby certify that I have full knowledge of the risks involved in this event and I am physically fit and have sufficiently trained to participate. If, however, as a result of my participation in the Charity Chase, I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary by authorized personnel. I grant to the Charity Chase and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion or other account of this event. I also certify that all of the information provided on this form is true and accurate.

Signature (Participant): _____ Date: _____

Signature of Parent or Guardian if under 18: _____

Mail entry form and check to: Charity Chase
c/o Lee Timing LLC
PO Box 2178
Morganton, NC 28680