Positive Pathways Mental Health Awareness 5k

Date: Saturday, May 23, 2026
Time: 8:30am (packet pick up 7:00am-8:00am)
Place: Downtown Morganton (starting on Bouchelle Street behind the Burke County Courthouse)
Morganton, NC 28655
For event maps and more information please visit: www.racingtoes.com and find our event on the calendar

100% of the proceeds will go toward the Wisdom Path Scholarship Fund

Registration Form

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: ( )_____ ***E-Mail address:**_____
*E-mail addresses are for information purposes for this race only & will not be distributed

Age: _____ DOB: _____ Sex: M___ F___

Shirt Size (Circle one): Adult Unisex Dry Blend Tee: S M L XL 2XL
Youth: L
(Shirt deadline will be 5/8/26)

Positive Pathways Mental Health Awareness 5k: (Postmarked by 5/8/26) **$25.00** ____
Positive Pathways Mental Health Awareness 5k: (Race Day) **$30.00** ____

Submit Entries & Checks To:
Wisdom Path
220 West Union Street
Morganton, NC 28655

RACE WAIVER

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge all sponsors, their representatives and successors, promoters, managers, directors, officials, agents, and volunteers of the Positive Pathways Mental Health Awareness 5k from any and all claims of injury or liabilities of any kind, illness or damages suffered by me, as a result of my participation in or traveling to or from this event. I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able 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 the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. I realize that this is a strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature: _____

Signature of parent or guardian if under 18: _____