



Rail Trail 5K

Saturday, March 11, 2017 8:30 a.m.

Belmont Abbey College, Belmont

Event: 5K start time 8:30 am, rain or shine. Activities begin at 8 am.

Contact Information: Melissa Lockamy, 704-901-2079;
mlockamy@cityofbelmont.org

Registration Fees: \$20.00 per person or \$60 family registration (up to 4 family members).

T-Shirts: All participants will receive a t-shirt with their registration.

Checks made payable to: **City of Belmont, PO Box 431, Belmont, NC 28012. Please put Rail Trail 5K in the memo line. All proceeds go to Rail Trail project.**

Please see www.cityofbelmont.org for more information about the Rail Trail project and 5K run. You can register online at Sportsoften.com

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Emergency Contact & Phone _____

Email _____

Age on March 11, 2017 _____ Gender: Male ____ Female ____

Circle Shirt Size: ADULT: S M L XL

Athlete's Release

In consideration for acceptance of this entry, I, intending to legally bind myself, my Heirs, Executors, & Administrators, do hereby waive and release any and all rights and claims for damages, injuries, or losses I may have against any and all event officials, and all organizations conducting this event (including but not limited to the Belmont Abbey College, the City of Belmont, and event sponsors, volunteers, rescue and support personnel as well as their agents, successors and assigns). I additionally assume full responsibility for taking cognizance of weather and course conditions at race time. It is my further declaration that I consider myself to be in physical condition that will enable me to participate in this race. I understand that images/photographs may be taken of me during this event which may be used for promotion of this and future events.

Signature of Entrant

Date

Signature of Parent/Guardian if under 18

For family registration, please see the back side of this registration form for the other three members of your family.

Family Registration (Up to Four Total Family Members). Please provide names and shirt sizes for up to three additional runners in your family. If there is different contact information for them, please provide it as well.

Name of Second Runner _____

Address _____

City/State _____ Zip _____

Phone _____ Emergency Contact & Phone _____

Email _____

Age on March 11, 2017 _____ Gender: Male ____ Female ____

Circle Shirt Size: ADULT: S M L XL

Name of Third Runner _____

Address _____

City/State _____ Zip _____

Phone _____ Emergency Contact & Phone _____

Email _____

Age on March 11, 2017 _____ Gender: Male ____ Female ____

Circle Shirt Size: ADULT: S M L XL

Name of Fourth Runner _____

Address _____

City/State _____ Zip _____

Phone _____ Emergency Contact & Phone _____

Email _____

Age on March 11, 2017 _____ Gender: Male ____ Female ____

Circle Shirt Size: ADULT: S M L XL