

# SUNRISE RUN ON THE GREENWAY



Carolinan HealthCare System  
Blue Ridge

September 6, 2014 • 8:00am  
Catawba Meadows Park • 701 Sanford Drive  
Morganton, NC



## RACE ENTRY FORM

Please write legibly and fill in all blanks. Failure to fully and accurately complete this form may adversely affect the timeliness and accuracy of the race results. We're sorry, but entries deemed incomplete or illegible by the organizers of this event may be declined.

Please choose event: ☐ 10K Run ☐ 5K Run ☐ 1 Mile Fun Run/Walk

Entry Fees: **5K and 10K** - \$20 before 8/15; \$25 8/15 through race day;

**1 Mile Fun Run** - \$10 before 8/15; \$15 8/15 through race day.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
MM/DD/YYYY

Street Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

		YOUTH SIZES	ADULT SIZES							
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Shirt Size	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL

Age on Race Day \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Telephone No. (\_\_\_\_) \_\_\_\_\_

*WAIVER: I fully understand that running a road or trail race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained to safely complete the event for which I am submitting this entry form and fee. I agree to abide by any decision of a race official relative to my ability to safely complete this run within the designated time limit. I further agree to surrender my race bib and timing chip (if timing chips are assigned to participants in this event) to any race official if directed to do so for any reason. I assume all risks associated with participating in this race, including, but not limited to: falls; contact with other participants; runners; bikers; horses and other animals; the effects of weather, including heat, cold, or precipitation; vehicular traffic; the condition of the roads and/or trails; all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself, for anyone entitled to act on my behalf, and anyone for whom I am entitled to act waive, release, and hold harmless the race organizer, Historic Morganton Festival Inc., The City of Morganton, Table Rock Runners, all other sponsors and property owners, Lee Timing LLC, and all the agents, employees, officers, directors, and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this event. I also understand that baby joggers or strollers, roller skates, and pets are not allowed on the course at any time during this event. I understand and acknowledge that in exchange for my acceptance into this event I am willingly assuming full responsibility for the care of the timing chip I am assigned for this event, and promise to return it to finish line officials immediately upon completion or withdrawal from the event. I understand and agree to be held personally responsible and pay the race organizer a \$30 replacement fee for the timing chip if I fail to return it to finish line officials or Lee Timing LLC within 48 hours of the event. I understand and acknowledge that the organizers of this event will issue a timing chip to me for use at this event, and that I am personally responsible for its return as described herein. I further acknowledge that I am familiar with the use of the timing chip. Should I fail to securely attach the timing chip to my shoe before the start of the event I understand that my finish time may not be recorded, and that I will be responsible for the replacement cost of the chip, as described herein, if I do not maintain possession of the chip on the course and surrender it to finish line officials or Lee Timing LLC at the finish.*

Signature of Entrant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian if under 18 \_\_\_\_\_

Make checks payable to **HMF, Inc.** and mail to:  
**PO Box 1472**  
**Morganton, NC 28680**

Amount Enclosed: \$

**Sorry, no refunds.**