



**5K RUN/WALK AND 1 MILE
STROLLER STROLL/FUN TROT**
Saturday NIGHT—June 2nd, 2018
USATF CERTIFIED COURSE(#NC14077DF)
Start/Finish Line: Town Park Ball Field
 (Beside Taylorsville Savings Bank in Taylorsville, NC)
Race Times: Stroller Stroll/Fun Trot: 8:00 pm
5k Run/Walk: 9:00 pm

FOR OFFICE USE ONLY

Cash/Ck# _____

Amount _____

Initial _____

Date _____

Bib# _____

Early Package Pickup: Friday, June 1st 11:00 am—8:00 pm at Caring Hearts Pregnancy Center · **Race Day Package Pickup:** 5:00—7:00 pm
Race Day Registration Cut Off: 7:00 pm

Event Selection and Registration Fee {Check One}		
	Early Registration	After 5/11
5K Run/Walk	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25
5K Run/Walk—Child (14 & under)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Stroller Stroll/Fun Trot (No fee for children in strollers)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Virtual Runner (T-shirt only, not running or walking on race day)	<input type="checkbox"/> \$15	
Additional donation to CHPC (optional)	\$ _____	\$ _____
**Please make checks payable to : CHPC		

Shirt Size (Check One)	
Youth	<input type="radio"/> S (6-8)
	<input type="radio"/> M (10-12)
	<input type="radio"/> L (14-16)
Adult	<input type="radio"/> S <input type="radio"/> XL
	<input type="radio"/> M <input type="radio"/> XXL
	<input type="radio"/> L <input type="radio"/> XXXL



5k Awards:
 Trophies: Top 3 Male/
 Female Overall
 Medals: Top 3 Male/Female
 by age (5 year increments)
**Stroller Stroll/Fun Trot
 Awards:**
 Medals: Top 3 Male/Female
 (age 12 and under only qualify)
 Top 3 Strollers (any age will
 qualify)

IMPORTANT INFORMATION: Please fill out a separate registration form for each participant. If you are running both races, you should pay for the 5k. Make sure you let registration table know you will be in both. Wear appropriate bib for each race so that timing is not messed up. Only one shirt for each registration. If a shirt is needed for stroller participant please purchase separately. Youth small is the smallest size available. There will be no refunds. No pets allowed.

Name: _____ DOB _____ Age Day of Race _____ Gender M F
YOU MUST SIGN WAIVER AT BOTTOM *Month Day Year*

Name of Child in Stroller (if applies) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile _____ Email _____

WAIVER: The Caring Hearts 5k Run/Walk and Stroller Stroll/Fun Trot held late evening, where visibility is limited, involves running, walking and pushing/riding of strollers—activities which may include risks such as, but not limited to, falls, interaction with other participants, stroller defects or malfunctions, effects of weather, traffic, and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Caring Hearts Run/Walk/Stroller Stroll/Fun Trot events. It is my responsibility to dress appropriately. I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event. I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I agree, for myself, my heirs, executors, administrators, and assigns to not sue and to release, indemnify, and hold harmless, the Caring Hearts Pregnancy Center of Alexander County, Inc., its affiliates, officers, directors, volunteers, employees, all sponsoring businesses and organizations, their agents and employees, the State of North Carolina, the Department of Transportation, and Event Mercenaries, Inc. from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in the event and related activities—whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effort. I also agree that any photos taken of me at this event can be used for advertisements or publications concerning this event or future pregnancy center events.

Signature of Participant _____ **Guardian sign if under 18** _____ **Date** _____

Mail forms and make checks to: Caring Hearts Pregnancy Center · PO Box 164 · Taylorsville, NC 28681 · Hours: Tue 9-6; Wed 9-6; Thur 9-6

For More Information/Race Maps: <https://runsignup.com/Race/Events/NC/Taylorsville/5KNightRunforLife> · Office: 828-632-1680
www.caringheartspc.com · Email: caringheartsp86@bellsouth.net