



Miracle Grounds 5K & Fun Run

May 20, 2017 | 9:00 am

Crossnore School & Children's Home

Mail completed form to: Crossnore School & Children's Home
1001 Reynolda Road, Winston-Salem, NC 27104
Questions? Call Kim King at 336-721-7600 or kking@crossnore.org

Select your event: ☐ 5K ☐ Fun Run ☐ Both

Name: _____

Address: _____

Phone: _____ Email: _____

Gender: ☐ M ☐ F

Date of Birth: _____ Age on May 20, 2017: _____

I am registering as an ☐ Individual OR ☐ Member of a Team

Name of Team: _____

T-shirt size (t-shirts are only guaranteed for those who register by April 21, 2017)

Adult sizes: ☐ S ☐ M ☐ L ☐ XL ☐ 2X L ☐ 3XL

Youth sizes: ☐ YMed ☐ YLarge

Pricing:

Miracle Grounds 5K Run/Walk:

Now through April 21: \$25

April 22 - May 15: \$30

May 16-18: No Registration

May 19: \$35 during packet pick-up

May 20: \$40

Miracle Grounds 1 Mile Fun Run/Walk:

Now through April 21: \$15

April 22 - May 15: \$20

May 16-18: No Registration

May 19: \$25 during packet pick-up

May 20: \$30

Total enclosed: \$ _____

PARTICIPATION WAIVER AND RELEASE

I understand that Crossnore School & Children's Home's Miracle Grounds 5K & Fun Run, to be held on May 20, 2017 benefiting Crossnore School & Children's Home, is an activity with potential for injury. I know there are risks and dangers involved in running a road race. Knowing this, I hereby, for myself, my heirs, executors, administrator, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge 1) Crossnore School & Children's Home, including their staff, volunteers, and race officials; 2) all sponsors of this event including their agents, employees, assigns, or anyone acting for their behalf; 3) Winston-Salem and Forsyth County, NC; 4) owners of real and personal property on and adjacent to the race, from any and all claims of every kind or nature whatsoever, foreseen, known, or unknown.

I also grant full permission to Crossnore School & Children's Home and/or agents authorized by it, to use any photographs, videotapes, recordings, or any other record for this event for any purpose.

By signing here, I acknowledge that I have read and agree with the liability waiver above.

Signature: _____

Parent or guardian signature **REQUIRED** for those under age 18.

For detailed event information, go to www.crossnore.org/events.