



BIB NO.

AMT. PD.

RACE OFFICIAL USE ONLY

Run as One 5K

Catawba Meadows Greenway • Morganton, NC • Saturday, June 9, 2018 • 8am Start

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.

ENTRY FEES: \$20 through May 24, 2018; \$25 thereafter and the day of the race.

PRINT THIS FORM AND MAIL WITH YOUR CHECK TO THE ADDRESS SHOWN BELOW

Last Name _____ First Name _____ Birth Date _____
MM/DD/YYYY

Street Address _____ City/State/ZIP _____

Telephone (____) _____ E-Mail Address _____

Shirt Size: ☐ YOUTH LARGE ☐ S ☐ M ☐ L ☐ XL ☐ XXL

*** Adult Men's Sizing ***

☐ Male ☐ Female

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 organizers, Blue Ridge Healthcare Foundation, all other sponsors and property owners, David & Rhonda Lee, 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.

Signature of Entrant _____ Date _____ Signature of Parent or Guardian if under 18 _____

Make checks payable to Blue Ridge Healthcare Foundation

Mail entries with your payment to:

Kate Hawkins
40 1st Street
Marion, NC 28752

Amount Enclosed: \$