



# 2018 Registration Form

PLEASE PRINT CLEARLY

**SATURDAY, SEPT. 15, 2018** Children's race will start at 7:45 p.m. and all run/walk participants will begin at 8 p.m. on the front lawn of Annie Penn Hospital. A separate form is required for each participant. Copies are acceptable. This is a timed race! Proceeds benefit the All-Cancer Fund at Annie Penn Hospital.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Birth date

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\_\_\_\_\_  
Mailing address - Street (Include apt. #)

\_\_\_\_\_  
Email address

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\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Work

**ENTRY FEES:** T-shirt included in entry fees for all participants age 6+. T-shirts are guaranteed if paid for by **Sept. 6**. You will not be able to exchange sizes at the race. T-shirts on race day are not guaranteed.

| AGE             | BEFORE SEPT. 1 | AFTER SEPT. 1 | PAID  | ADULT SMALL | ADULT MEDIUM | ADULT LARGE | ADULT XL | ADULT 2XL | KIDS S (6-8) | KIDS M (10-12) | KIDS L (16) |
|-----------------|----------------|---------------|-------|-------------|--------------|-------------|----------|-----------|--------------|----------------|-------------|
| 5 and under     | FREE           | FREE          | ----- |             |              |             |          |           |              |                |             |
| Children 6 - 14 | \$25           | \$30          |       |             |              |             |          |           |              |                |             |
| Adult (15+)     | \$35           | \$40          |       |             |              |             |          |           |              |                |             |

**PLEASE RETURN COMPLETED FORMS TO** Jessie Meador by mail (Annie Penn Hospital, ATTN: Jessie Meador, 618 S. Main Street, Reidsville, NC 27320) or email (jessie.meador@conehealth.com). Call 336-951-4663 for more information. Checks are payable to Annie Penn Hospital. *Race packets can be picked up at the Main Entrance of Annie Penn Hospital on Sept. 12 from 4-5:30 p.m. and Sept. 13 from 5-7 p.m.*

## WAIVER/SIGNATURE REQUIRED/ CONE HEALTH ASSUMPTION OF RISK, AND RELEASE AND INDEMNITY AGREEMENT

In consideration of being allowed to participate in the 2018 Annie's Hope Glow Run 5K Walk and Run ("the race"), I, on behalf of myself and my minor child(ren), acknowledge and agree as follows:

I, on behalf of myself and minor child(ren), know that participating or volunteering in a road race is a potentially hazardous activity. Some of the risks I, or my minor child(ren), may encounter include but are not limited to: potential hazard where powdered color will be thrown at and around me or my minor child(ren) during the course of the event; falls; contact with other participants; the effects of the weather, including heat stroke, heat exhaustion or dehydration; getting lost or separated; running at dusk which may obstruct my view of certain conditions along the race route; and being struck by vehicular traffic. I, on behalf of myself and my minor child(ren), agree to assume all inherent risks and all other risks, including those not specifically mentioned above. I understand that I am responsible for ensuring that I and my minor child(ren) am medically able and properly trained to complete the race or volunteer but also agree to abide by any decision of a race official relative to my ability to safely complete the race.

I, for myself, my minor child(ren) and anyone entitled to act on my behalf, waive and release The Moses H. Cone Memorial Hospital and its subsidiaries and affiliates ("Cone Health") and all sponsors, agents, employees, officers, directors and volunteers working for Cone Health from all claims and liabilities of any kind, arising out of or related to my and my minor child(ren)'s participation in the race and any other activities connected to the race. This release includes and prohibits all types of claims including those for breach of contract, injury, loss, damage or death.

I understand that event photographs and/or video images will be taken on day of the race. I, on behalf of myself and my minor child(ren), freely give my permission for use of such photographs and video images in future Cone Health promotions without further communication or compensation. I also agree that any dispute or suit I have will be resolved using the laws of the state of North Carolina. Any mediation, suit or other proceeding must be filed or entered into only in North Carolina. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

PROUDLY BROUGHT TO YOU BY

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature if participant is under 18

