

Please Print

Gallberry Stampede Challenge

Registration Form

April 10, 2010

Name: _____

Last

First

MI

Mailing Address: _____

City _____ State _____ Zip _____

Telephone (with area code) _____

Email Address: _____

Age (on race day) _____ Date of Birth (Mo/Day/Yr) _____

Please Circle: Male Female

T-Shirt Size: S M L XL XXL

Event (please circle): 2K 5K 10K

Payment enclosed: 2K \$10.00 _____ 2K Race Day \$15.00 _____

5K \$20.00 _____ 5K Race Day \$25.00 _____

10K \$20.00 _____ 10K Race Day \$25.00 _____

Wavier

I understand that participating in this Second Annual Gallberry Stampede Health and Fitness Challenge walking and running event can be potentially dangerous activity resulting in injury and death. I should not participate in the event without being medically able and properly prepared including my doctor's permission to participate in this event. I assume all risk associated with participating in this event, all such risks appreciated by me. Having read this waiver and knowing all the facts and consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Our Community Hospital, clinic presenters, race directors, volunteers, and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes. I further understand and accept that there will be no refunds for this event. If the event is canceled for any reason, event packets will be available for pickup.

Signature: _____ Date: _____

Parent or Guardian _____ Date: _____
(if under 18 years old)

(Print Form) Mail completed registration form and check payable to:

Our Community Hospital
P.O. Box 405
Scotland Neck, NC 27874