

# FIRECRACKER 5K Race

Saturday, July 3, 2010, Columbus, North Carolina  
Columbus Firecracker 5K, PO Box 1481, Tryon NC 28782

## 8:00 AM 5-K (3.1 miles)

Race registration and packet pickup will begin at 6:30am

Entry Fee: \$20.00

with T-Shirt

After 6/30/2010: \$25.00

## ENTRY FORM

Return this form with your check payable to: Columbus **FIRECRACKER 5K**

## RACE WAIVER

*Please read carefully*

Unsigned entry forms will not be accepted

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the race organizers, directors, promoters, managers, officials, agents, sponsors, their representatives and successors, employees and volunteers of the 2010 Firecracker 5K from any and all claims of injury or liabilities of any kind, illness or damage suffered by me, as a result of my participation in or traveling to or from this event. I know that running or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this event, including, but not limited to, falls, contact with other participants, the effect of weather (including high heat or humidity), traffic and the conditions of the road, all such risks being known and appreciated by me. I realize that this is strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and in good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature/Guardian \_\_\_\_\_ Date \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Shirt Size - (Circle One):

Age on Day of Race: \_\_\_\_\_ Adult: S - M - L - XL

Sex (Circle One):                   M                   F Youth: M - L

Emergency Contact

Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_



