



ENTRY FEES

8K ACHE OR 2-MILE OUCH

Pre-registration \$20

(postmarked on or before 9/23/10
or submitted online by 11:59 pm
9/26/10)

Corporate Teams \$15 per person
(with minimum of 5 per team. Must
pre-register as a team)

Race Day Registration \$25

Register Online at
www.strictlyrunning.com

Mail entry form to:

St. Luke's Hospital Foundation
101 Hospital Drive
Columbus, NC 28782

Make checks payable to
"St. Luke's Hospital Foundation"

SAVE TREES & TIME
REGISTER ONLINE!

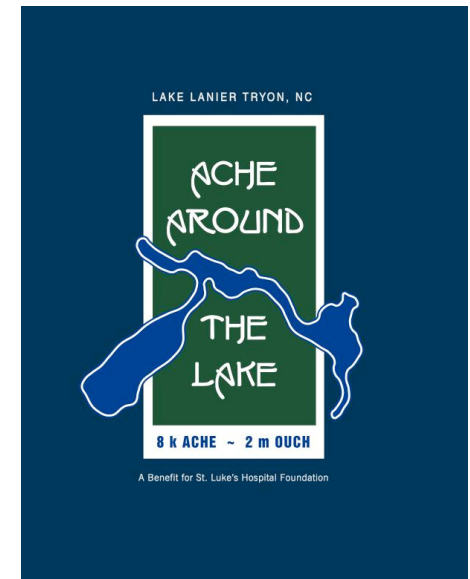


101 Hospital Drive
Columbus, NC 28782
Phone: 828.894.8693
www.achearoundthelake.org

5th Annual Ache Around the Lake

Saturday, October 2, 2010

8:00 a.m.



8K (CERTIFIED) & 2-MILE RACES

8K AWARDS
TOP 3 OVERALL & MASTERS
3 DEEP FOR AGE GROUPS

RACE MORNING BRUNCH
LAKE LANIER TEA HOUSE

A BENEFIT FOR
ST. LUKE'S HOSPITAL FOUNDATION



Race Day Schedule

6:30 a.m.- 7:30 a.m. – Registration and packet pick-up.

Registration PROMPTLY closes at 7:30 a.m. No exceptions.

8:00 a.m. – Both races begin

9:15 a.m. – Awards

10:00 a.m. – Course closes

Packet pick-up and registration will be in the parking lot across from the Lake Lanier entrance on Hwy 176. Shuttles will take participants to the start on Butter Street. The finish line for both races is before the dam near the corner of E. and W. Lakeshore Drives. Parking is prohibited in this area.

The 8K course is USATF-certified, but the fun run "Ouch" is not.

WAIVER

READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.

I know that running is a potentially hazardous activity. I should not enter or run this event 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. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Ache Around the Lake (which includes the 8K road race and the 2 Mile Ouch "fun run"), all sponsors, their representatives and successors from all claims of liabilities of any kind, including any claims arising out of negligence of the aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

Waiver Must Be Read and Signed Before Mailing

Signature Required (Parents, if under 18)

NO REFUNDS as this is a charitable event with fees benefiting St. Luke's Hospital Foundation, Columbus, NC

RACE QUESTIONS: 864.680.1770
racedirector@achearoundthelake.org



OFFICIAL ENTRY FORM

Last Name _____

First Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

Date of Birth _____

Age (on 10/2/10) _____

Emergency Contact Name/Number

(Circle One)

Which race?

Ache 8K

Ouch 2-Mile Fun Run

Male

Female

T-Shirt Size:

S

M

L

XL

XXL

Option: _____ No T-Shirt