



# CarePartners Spring Fling

## 5K and Fun Run for United Way



United Way of Asheville  
and Buncombe County

**Date / Time:** Sunday, April 21nd, 2013 at 3:00pm.  
**Location:** Carrier Park, Amboy Road, Asheville, NC 28806  
**Race Day Check in:** 2:00-2:45pm near the track.  
**Pre-Register:** All mailed forms due 4/13/13, extra fee for Day of Race Sign-ups  
**Entry Fee:** \$25.00 (Ages 15 or older, \$30 Day of Race)  
\$10.00 (Ages 7 - 14, \$15.00 Day of Race)  
\$10.00 Fun Run registration (all ages)  
**Proceeds Go To:** United Way of Asheville and Buncombe Co.

(cut along dotted line)

### Registration Information

**Name: (First MI Last)** \_\_\_\_\_ **Gender: M** \_\_\_\_\_ **F** \_\_\_\_\_  
**Team Name(if registering as a team):** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **Race Day Age** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**T-Shirt Size: (circle one)** Adult **S M L XL XXL** Youth **S M L XL**  
Only the first 200 registered participants are guaranteed T-shirts. Sizes are not guaranteed.

**Amount on Check: \$** \_\_\_\_\_ **Payable to: CarePartners Health Services**  
**Check one:** **5K** \_\_\_\_\_ **Fun Run** \_\_\_\_\_  
**Mail Registration Form and Check to:** CarePartners Health Services, Attn: Pam Griffin  
68 Sweeten Creek Rd., Asheville, NC 28803

*This event will be held rain or shine. The entry fee is non-refundable. Each participant must complete a registration form. The fees for multiple participants may be included on one check, please mail all registration forms together for multiple participants paying together. Photocopies of this form are acceptable.*

*The race course is wheelchair and stroller friendly with the majority of the course being paved with only a small grassy and mulched section. The distance of the course is 5K = 3.1 miles.*

**Please Read and Sign:**  
*I choose to participate in the CarePartners and United Way 5K Run / Walk event on April 21, 2013. I accept legal responsibility for myself, and anyone entitled to act on my behalf, and do hereby release and discharge Community CarePartners, Inc., United Way, all sponsors, contractors, organizers, and volunteers from any and all liability arising from any illness, injury, or damages that I may suffer as a result of my participation in the CarePartners and United Way 5K Run / Walk. I further grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or other record of this event for any legitimate purpose. I certify by my signature that I am in good physical condition and able to participate in this event.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent / Guardian signature if under 18)