

Grandfather Mountain Critter Crawl 5K

Linville, NC

May 23, 2013 6:30PM start

BIB #:

Race official use only

RACE ENTRY FORM

Please write legibly and fill in all blanks. Failure to fully and accurately complete this form may adversely affect the timeliness and accuracy of the race results. We're sorry, but entries deemed incomplete or illegible by the organizers of this event may be declined.

FEES: 5K Entry--\$35

PRINT THIS FORM AND MAIL WITH YOUR CHECK TO THE ADDRESS SHOWN BELOW

Last Name _____ First Name _____ Birth Date _____

Street Address _____ City/State _____

Telephone(____) _____ E-Mail Address _____

Male ___ Female ___ Shirt Size: S ___ M ___ L ___ XL ___ XXL ___ Age on race day _____

Shirts guaranteed to those who register on or before May 9th

Emergency Contact _____ Emergency Telephone _____

WAIVER: I fully understand that running a road or trail race is a potentially hazardous activity. I should not enter and run unless I am properly trained to safely complete the event for which I am submitting this entry form and fee. I agree to abide by any decision of a race official relative to my ability to safely complete run within the designated time limit. I further agree to surrender my race bib and timing chip (if timing chips are assigned to participants in this event) to any race official if directed to do so for any reason. I assume all risks associated with participating in this race, including, but not limited to: falls; contact with other participants; runners; animals; the effects of weather, including heat, cold, or precipitation; vehicular traffic; the condition of the roads and/or trails; all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone for whom I am entitled to act waive, release, and hold harmless the race organizer, all other sponsors and property owners, Grandfather Mountain Stewardship Foundation, and all the agents, employees, officers, directors, and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this event. I also understand that baby joggers or strollers, skates, and pets are not allowed on the course at any time.

Signature of Entrant _____ Date _____

Signature of Parent or Guardian _____

Make checks payable to Grandfather Stewardship Foundation and mail to:

Grandfather Mountain Stewardship Foundation

PO BOX 129

Linville, NC 28646

Amount Enclosed: