



REGISTRATION 5K

Wesley Chapel Winter Walk

January 24th, 2015



Start Time: 8:00 AM

Dogwood Park

All parking at Southbrook Church Parking Lot

Name (last, First)

Mailing Address

City, State, Zip

Email Address

Phone Number

Cell Y or N

Guardian Name (if under 18) and/or Emergency Contact & Phone Number

Age _____ Date of Birth _____ Gender (circle one): Male Female
MM/DD/YYYY

T-Shirt Size (Choose One): Adult: Small Medium Large X-Large

Checks Payable: The Village of Wesley Chapel
 Fee Paid: \$_____ Date Paid: _____
 Payment Received: Check # _____
 Please **drop off or mail** in Registration forms to:
The Village of Wesley Chapel Town Hall
6490 Weddington Road, Wesley Chapel, NC 28104

Registration Fee: \$25

A T-Shirt is guaranteed if registered by:
 January 15, 2015
Registration will close on January 17th

Waiver: I fully understand that running or walking a road or trail race course is a potentially hazardous activity. I should not enter this event and participate by running or walking unless I am medically able and properly trained to safely complete the event for which I am submitting this entry form and fee. I assume all risks associated with participating in this event including, but not limited to; falls, contact with other participants, contact with animals, the effects of weather, including heat, cold, wind and/or precipitation; 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, for anyone entitled to act on my behalf, and anyone for whom I am entitled to act do hereby waive, release and hold harmless the Village of Wesley Chapel (the "Village"), NCDOT, Union County Sheriff Office, Union EMS, and all other sponsors, and property owners, all agents and employees, officers, directors, and volunteers working for those entities from any and all claims and liabilities of any kind or amount arising out of or related to my participation in this event. BY INDICATING YOUR ACCEPTANCE OF THIS WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THIS WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE THAT THIS IS A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Date

Signature – Participant or Guardian (if under 18)

All Proceeds Benefit Carolina's Hematology Research Fund