

4TH ANNUAL CHAMBER CHALLENGE 5K

FRIDAY, JUNE 4 AT 4:30 PM

The Chamber Challenge is a team-based 5k designed to promote community wellness through friendly competition between businesses. There will be music, food and beverage at the conclusion of the race. The post race celebration is a free event and all are welcome.

Awards will be given to the top five male and female runners and the Chamber Challenge Cup will go to the overall first place team. Please note only Chamber member teams will be eligible to win the Chamber Challenge Cup. Participants do not need to be Chamber members to receive recognition.

All abilities are welcome, but pets will not be allowed. Strollers will be allowed, but will be requested to start in the back of the line.



INDIVIDUAL

- I will be participating as an individual for \$30 (\$35 after May 21)

TEAM

- My company will be registering a team for \$100 (\$120 after May 21)

Company Name: _____

PLEASE NOTE: SUBSTITUTIONS WILL NOT BE ALLOWED ON RACE DAY

PAYMENT OPTIONS

- Please Charge my:

- Visa Master Card American Express

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

Signature: _____

- A check to the Asheville Area Chamber of Commerce is enclosed.

Timing chips will be given out at registration on race day. All participants must wear a chip to be scored. A \$30 fee will be assessed for all race chips not recovered.

PLEASE FAX, MAIL, OR EMAIL THIS FORM TO:

Laura Wolf, Director of Events and Sponsorships, Asheville Area Chamber of Commerce
PO Box 1010, Asheville, NC 28802 Fax: (828) 251-0926 LWolf@ashevillechamber.org

DO YOU ACCEPT THE CHALLENGE?

WAIVER OF LIABILITY: Must be signed by each team member

Participant One:

Name: _____
Age on (6/4/10): _____ Sex: M / F
Address: _____
City: _____
State: _____ Zip: _____
Work Phone: (____) _____
Home Phone: (____) _____
T-shirt size (adult sizes): SM MD LG XL 2XL
The first 800 people to register will receive t-shirts.

Liability waiver & release: Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release the sponsors and officials of the Chamber Challenge from any and all liability arising from illness, injury or death I may suffer as a result of my participation in these events. I attest that I am physically fit and have sufficiently trained for these events and I am aware that my participation could, in some circumstances, result in personal injury. Should officials determine the completion of this event to be injurious to my health, I consent to be removed and treated by the physician in attendance or of their direction. I also consent to my removal in the event that I violate the prohibition of strollers, bikes, skates or other wheeled device or if I in any way endanger the safety of others. I give permission for free use of my name and picture in any broadcast, telecast or written account of these events. I understand that the entry fee is NON-REFUNDABLE.

Signature of participant or Date
GUARDIAN (if under 18)

Participant Three:

Name: _____
Age on (6/4/10): _____ Sex: M / F
Address: _____
City: _____
State: _____ Zip: _____
Work Phone: (____) _____
Home Phone: (____) _____
T-shirt size (adult sizes): SM MD LG XL 2XL
The first 800 people to register will receive t-shirts.

Liability waiver & release: Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release the sponsors and officials of the Chamber Challenge from any and all liability arising from illness, injury or death I may suffer as a result of my participation in these events. I attest that I am physically fit and have sufficiently trained for these events and I am aware that my participation could, in some circumstances, result in personal injury. Should officials determine the completion of this event to be injurious to my health, I consent to be removed and treated by the physician in attendance or of their direction. I also consent to my removal in the event that I violate the prohibition of strollers, bikes, skates or other wheeled device or if I in any way endanger the safety of others. I give permission for free use of my name and picture in any broadcast, telecast or written account of these events. I understand that the entry fee is NON-REFUNDABLE.

Signature of participant or Date
GUARDIAN (if under 18)

Participant Two:

Name: _____
Age on (6/4/10): _____ Sex: M / F
Address: _____
City: _____
State: _____ Zip: _____
Work Phone: (____) _____
Home Phone: (____) _____
T-shirt size (adult sizes): SM MD LG XL 2XL
The first 800 people to register will receive t-shirts.

Liability waiver & release: Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release the sponsors and officials of the Chamber Challenge from any and all liability arising from illness, injury or death I may suffer as a result of my participation in these events. I attest that I am physically fit and have sufficiently trained for these events and I am aware that my participation could, in some circumstances, result in personal injury. Should officials determine the completion of this event to be injurious to my health, I consent to be removed and treated by the physician in attendance or of their direction. I also consent to my removal in the event that I violate the prohibition of strollers, bikes, skates or other wheeled device or if I in any way endanger the safety of others. I give permission for free use of my name and picture in any broadcast, telecast or written account of these events. I understand that the entry fee is NON-REFUNDABLE.

Signature of participant or Date
GUARDIAN (if under 18)

Participant Four:

Name: _____
Age on (6/4/10): _____ Sex: M / F
Address: _____
City: _____
State: _____ Zip: _____
Work Phone: (____) _____
Home Phone: (____) _____
T-shirt size (adult sizes): SM MD LG XL 2XL
The first 800 people to register will receive t-shirts.

Liability waiver & release: Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release the sponsors and officials of the Chamber Challenge from any and all liability arising from illness, injury or death I may suffer as a result of my participation in these events. I attest that I am physically fit and have sufficiently trained for these events and I am aware that my participation could, in some circumstances, result in personal injury. Should officials determine the completion of this event to be injurious to my health, I consent to be removed and treated by the physician in attendance or of their direction. I also consent to my removal in the event that I violate the prohibition of strollers, bikes, skates or other wheeled device or if I in any way endanger the safety of others. I give permission for free use of my name and picture in any broadcast, telecast or written account of these events. I understand that the entry fee is NON-REFUNDABLE.

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