Resurrection Lutheran School's 1st Annual 5K Run/Walk

RUN WITH THE LIONS!!

Date/Time:	Saturday, November 2, 2013 at 9 a.m. Registration begins at 7:30 a.m.
Location:	Wake Med Soccer Park 201 Soccer Park Dr. Cary, NC 27511
To Benefit:	Resurrection Lutheran School
Entry Fee:	Competitive Runner: $25 received by Oct. 5th $30 after 5th and on race day Recreational Runner: $20 received by Oct. 5th $25 after 5th and on race day For families with 4+ members participating $80 total T-shirt guaranteed to all participants registered by October 5th
Make checks payable to:	RLS PSO - 100 Lochmere Drive West Cary, NC 27518
Information:	website: www.rlscary.org email: pso@rlscary.org

Please Print Clearly (one entry per participant, form may be copied)

Name: _____

Gender: **M** **F** (circle one)

Age: _____ (age on race day)

Address: _____

City/State/Zip:_____

Phone: (_____)_____

Email: _____

T-Shirt Size: (circle one)

Adult: S M L XL

Youth: S M L

Event: (circle one) **5K Walk** **5K Competitive Run** **5K Recreational Run**

Age Group: (circle one) 12&under 13-19 20-29 30-39 40-49 50-59 60-69 70&up

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WAIVER (must be signed) In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature of Participant: _____ Date _____
(If participant is under 18 a parent signature is also required.)

Signature of Parent/Guardian: _____ Date: _____