



The Rotary Club of West Stanly
 In conjunction with
Carolinas HealthCare System
Stanly Regional Medical Center
 Presents a
5K and Fun Run
 First in the Start It Stanly race series

Sunday, March 13, 2016

Fun Run 2:00 pm

5K 2:30 pm

Start Location for both: 101 Park Drive, Locust, NC
 Locust Community Building at Officer Jeff Shelton Memorial Park

- Note: Fun Run is a loop

5K End Location: 103 Stanly Parkway, Locust, NC
 Locust Medical Services Building

Registration Fees: Register by February 27th

Fun Run \$10.00 - participants receive a FREE short sleeved race shirt

5 K \$20.00 – participants receive a FREE long sleeved tech shirt

Race Day Registrations: Fun Run \$15.00, 5K \$25.00

Registration: by mail, online at runsignup.com or at Vac & Dash

Make Checks payable to Rotary Club of West Stanly



Costumes encouraged

Walkers Welcome!

Please Mail this form to:
 Vac & Dash
 154 South 1st Street
 Albemarle, NC 28001

Participant Information (please print)

Name: _____ Male ___ Female ___ T-shirt size _____

Address _____

City/State/Zip: _____

Phone: _____ email: _____

Emergency Contact Name: _____ Phone: _____

Age on Race Day: _____ Date of Birth: _____

Participation in the 2016 Spring into Health 5K and Fun Run is a potentially hazardous activity. I agree to abide by any decision by race officials. I assume all risks associated with participating in this event including, but not limited to falls, contact with others or injury from cars. Having read this waiver and in consideration of entry acceptance, I, for myself, or anyone entitled to act on my behalf, waive and release all sponsors of this event, event committees, representatives and successors from all claims or liabilities arising out of participation in this event. I grant permission to use my photograph, motion pictures, recordings or other record of this event for legitimate purposes. I, intending to be legally bound hereby, for myself, my heirs, executors and/or administrators, waive and release any and all rights and claims for damages I may have or that may accrue against the coordination committee or their agencies, officers and employees for any and all injuries suffered in the 2016 Spring Into Health 5 K and Fun Run.

Printed Name: _____ Signature: _____

Parental Signature if under 18: _____