

Race Day Liability Waiver:

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against Partners Aligned Toward Health and all of their employees and agents assisting with the event, event organizers, event sponsors and their representatives, and event volunteers for any and all injuries to me or my personal property. This release includes all injuries and or/ damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and ability. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run.

In the event of an illness, injury or medical emergency arising during the event, I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Photo Release Waiver:

I hereby grant permission to Partners Aligned Toward Health to publish the name and likeness of myself and/or the minor child listed below taken during PATH-sponsored activities for use in PATH print, online, radio, and video-based promotional materials and other publications with no financial compensation. I hereby release Partners Aligned Toward Health, its contractors, and any third party involved in the production and/or publication of such material from liability for any claims by me or any third party in connection with my participation or the participation of any minor listed below.

Relay Team Rules:

- Teams must have a minimum of two members, with a three-person maximum per team. There are no age or gender restrictions within teams. Each team should have one "Team Captain."
- Each team will receive an anklet timing device that must be passed off between team members. The anklet contains the timing chip, so the team member crossing the finish line **MUST** have the anklet for the team to officially complete the race.
- There will **NOT** be designated checkpoints or places along the route for team members to exchange the anklet timing device. It will be up to each team to determine the point(s) along the race route for exchange. Mile markers will be placed along the race route to help identify potential points for exchange. Course maps with marked miles will be available on race day in the registration area or can be downloaded/printed by going to <http://bit.ly/bff5kracecourse>.
- While the option to participate in the race as either a two person or three-person team exists, **there will only be ONE award category for Team Races**. This category will consist of two person and three person teams. It is the responsibility of each team to ensure they have the appropriate number of members to participate on a competitive basis, if they so desire.

REGISTRATION FORM

Please complete this form, include payment and mail to:

PATH
202 Medical Campus Dr.
Burnsville, NC 28714

Entry Fees (NON REFUNDABLE): Amount Enclosed: _____ (Make checks payable to: PATH)

Individual Participants:

Pre-Registration (postmarked by 4/15/22): Adults \$30, Under 18—FREE!

Regular Registration (postmarked after 4/15/22, including day-of registrations): Adults \$35, Under 18—FREE!

Relay Teams:

Early Bird (postmarked by 4/15/22) - 2 Person Teams: \$60, 3 Person Teams: \$90

Regular Rate (postmarked after 4/15/22, including day-of registrations): 2 Person Teams: \$70, 3 Person Teams: \$105

T-Shirt Size: (Check One) Youth ___S___M___L Adult ___S___M___L___XL___XXL___3XL

T-shirt sizes are limited and will be distributed on a first come-first serve basis.

Participant Information:

LAST NAME _____ FIRST NAME _____ M.I. _____ GENDER _____

DATE OF BIRTH ___/___/___ AGE ON RACE DAY _____ PHONE (_____) _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ Is this your first 5K? _____

Race Day Emergency Contact: NAME _____

PHONE _____

Relay Team Information: I am participating in the race as a member of a relay team. Yes No

Team Name: _____

Names of Additional Team Members: _____

I have read and agree to the Relay Team Rules.

One Registration Form per Team Member is REQUIRED. Please submit Registration Forms, along with payment, for all team members at one time.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the attached liability and photo release waivers.

SIGNATURE _____ DATE ___/___/___

(Parent signature if under the age of 18)

PHONE # _____

MINOR'S NAME(S) _____ AGE(S) _____