Please Print

Gallberry Stampede Challenge

| | Gamberry Stamped | de Chanenge |
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| | Registration Form | April 13, 2013 |
| Name: | First | |
| | | |
| Mailing Address: | | |
| City | Stat | teZip |
| Telephone (with area of | code) | |
| Email Address: | | |
| Age (on race day) | Date of Birth (Mo/Day/Y | ′r) MF |
| T-Shirt guaranteed with (please circle) | <i>h registration received by A</i> Shirt Size: S M L XL) | April 9, 2013 XXL |
| Event (please circle): 2 | 2K 5K 10K 10 Mile | |
| Payment enclosed: 2K \$15. | .00 2K Race Day \$20.00_ | |
| 5K \$20 | .00 5K Race Day \$25.00_ | |
| 10K \$20 | 0.0010K Race Day \$25.00_ | <u></u> |
| 10 Mile \$ | \$20.00 Race Day \$25.00_ | |
| running event can be poten event without being medica event. I assume all risk assethis waiver and knowing all tled to act on my behalf, wa and all sponsors. Run the E and liabilities of any kind ariuse any photographs, motici | tially dangerous activity resulting lly able and properly prepared incociated with participating in this end the facts and consideration of you ive and release Our Community Heast, LLC, Fields of Cotton LLC, the ising out of my participation in this on pictures, recordings, or any oth that there will be no refunds for the control of the second of the second of the that there will be no refunds for the control of the second o | Stampede Health and Fitness Challenge walking ar in injury and death. I should not participate in the cluding my doctor's permission to participate in this event, all such risks appreciated by me. Having read ur accepting my entry, I, for myself and anyone ent Hospital, clinic presenters, race directors, volunteel heir representatives and successors from all claims s event. I grant permission for all of the foregoing to her record of this event for legitimate purposes. I furthis event. If the event is canceled for any reason, |
| Signature: | | Date: |
| Parent or Guardian | _ | Date: |
| (if under 18 years old) (Print Form) Mail complete | d registration form and check pay | yable to: |
| Our Community Hospital P.O. Box 405 Scotland Neck NC 27874 | | |