

# The MEBANE DOGWOOD FESTIVAL

USATF CERTIFIED 5K RUN

Saturday, April 24, 2010



## PARTICIPANT REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Gender: M  F  E-mail \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Shirt Size\* *adult sizes* S  M  L  XL

\*T-shirts guaranteed for pre-registered 5k participants only. Day-of registrants will get t-shirts on a first-come, first served basis.

### I AM REGISTERING FOR THE

Adult 5K  Youth 5K (Age 13 and under)

Return completed registration forms and fees to:  
Mebane Business Association, PO Box 238, Mebane, NC 27302 (919) 304-3737

#### 5K FEES

\$20 before April 20 for Adult 5K \$10 before April 20 for Youth 5K  
\$25 after April 20 for Adult 5K \$15 after April 20 for Youth 5K

You can also register at [active.com](http://active.com), by April 20, 2010.

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### LIABILITY WAIVER

In consideration of participating in the Dogwood 5K, and its related events and activities, I, \_\_\_\_\_  
the undersigned:

1. Acknowledge, appreciate, and agree that I am voluntarily participating at my own risk.
2. Acknowledge and am aware of the risk of injury from the activities involved in this program, and I knowingly assume all such risks.
3. I for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEARBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE MEBANE BUSINESS ASSOCIATION, THE CITY OF MEBANE, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity. WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. Give permission for the free use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this event.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY.

Signature \_\_\_\_\_ Date \_\_\_\_\_