



Family Services of McDowell County, Inc.
No Excuse for Abuse 5K run/walk
"We run so they don't have to!"



Entry Fees:

- \$25 Mail in or Drop Off at Family Services of McDowell County, Inc. on or before May 20, 2011.
- \$30 Day of race or after May 20, 2011 – Race Day Registration – 7:30am – 8:30am
- Race Packet may be pickup at Family Services on June 17th from 8:00am – 4:00pm or on the day of the race from 7:30am-8:30am
- Race shirts are guaranteed to the 1st 100 runners!
- **NO PETS OR BABY JOGGERS ALLOWED ON COURSE**

AWARDS:

Medal for the 1st – 3rd Overall, Men and Women
 Medals for the Top 3 Males & Females in each age group

Age Groups:

12 & under, 13 – 19, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60+

Mail In Registration:

Send to:
 Family Services of McDowell County, Inc.
 PO Box 1572
 Marion, NC 28752
 Checks make payable to: Family Services of McDowell County, Inc. (FSMC)

WAIVER OF LIABILITY:

Please Read & Sign! In consideration of the acceptance of the entry, I for myself, my heirs, and assigns, hereby release the sponsors, race workers, and officials of this race from any and all liability arising from illness and damages I may suffer as a result of participation in such event. I fully assume and understand the risks of voluntarily participating in this race, including death, or injury due to vehicles, falls, collisions with participants or spectators, actions by hostile humans or animals, uneven pavement, obstructions adverse weather, sudden illness or any other risk. I attest that I am physically fit and have sufficiently trained for this event and am aware that participation in any of these events could, in some circumstances, result in severe physical soreness or injury. I authorize run officials to provide medical attention at my expense should I appear in need. For injuries I sustain including death I hereby waiver, Family Services of McDowell County, Inc. and anyone connected with this event from any claim or lawsuit that may be brought at any time by me, my family, estate, or heirs arising from my voluntary participation in this event. I also give permission for free use of my name and picture in any broadcast/telecast or written account of the event. I understand that the entry fee I pay is **NON-REFUNDABLE**. I have read this agreement and pay the entry fee in exchange for the privilege of participating under the conditions of this agreement.

 Signature (if under 18 Parent or Guardian)

 Date

Name: _____
 First

 Last

Age on the date of race: _____

Sex: Male / Female T-Shirt size: _____

Address: _____
 Street

Emergency Contact Information

 City/Town Zip Code

 Name of Person to be contacted & relationship

 Home Phone (include area code)

 Phone #'s Cell & Home

