



Checks Payable To:
 Community Foundation of Gaston
 County/Gastonia East Rotary

Return To:
 TCG Events
 2923 S. Tryon Street Suite 230
 Charlotte, NC 28203

Participant Information: *1 form per participant. If participating in family rate, please attach all forms to one check

Frist Name:		Middle Initial:	Last Name:
Gender: Male Female	Birth Date:		Age on Race Day:
Adult t-shirt Size: Small Medium Large XL XXL Child t-shirt size: Small Medium Large			

Event Selection:

Fun Walk	5K	5k LMR Buddy
<input type="checkbox"/> Fun Walk Free!	<input type="checkbox"/> 5K \$15 individual \$40 Family Package of 4 \$50 Family Package of 5-8	<input type="checkbox"/> Let Me Run Buddy \$15.00

Contact Information:

Email Address:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	

Emergency Contact Information:

First Name:	Last Name:
Phone:	Relationship:

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained to complete the course in less than three hours. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I understand that the course will be closed once runners doing a five-hour pace have passed. I assume all risks associated with running or cycling in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this agreement and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf waive all right of tort and release CaroMont Health, TCG Events, all city, county, state and federal governments, all sponsors, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate public purpose. I understand that all entries are final with no refunds. The official race director reserves the right to cancel the race or to change the day and/or time for any reason including, but not limited to, severe weather, hazardous conditions, public emergency, natural or accidental disaster on a local or national level, and lack of contracted support necessary to conduct the race, and that in the event of cancellation or change there is no refund of entry fees. REFUND POLICY: All registration orders are final once payment is submitted. By registering to participate in this event, I acknowledge that I have read and fully understand the terms and conditions of this participation agreement. Furthermore, I agree to this liability waiver.

 Signature (First, Last Name) Date

For Runners and Walkers under the age of 18 (bikers must be 18 years or older):
 I am the legal guardian of _____ (name of participant) and agree to the above waiver.

 Signature of Guardian (First, Last Name) Date

Couch 2 5k Use Only: Group Name: _____ Trainer Signature: _____