Methodist University PA Program 5K and 10K Run
Sponsored by the Methodist University PA Program and Road ID

Join us in making a meaningful impact on the educational development of the future healthcare providers of Fayetteville and the Carolinas!

What:
10K (6.2 miles) and 5K (3.1 mile) run/walk.
These races aren't qualifiers for the Boston Marathon, but meant to be fun for all levels of runners!!
Times will be kept by stopwatches, not official bib or shoe timers.

Where:
Methodist University Campus

When:
Saturday, March 2, 2013

- 7:00 am: 10K competitive and non-competitive run/walk begins
- 9:00 am: 5K competitive and non-competitive run/walk begins

Packet Pick-Up/Registration:

- Advance: Friday, March 1, 2013 from 3:00 pm-7:00 pm
- Day of: at 6:00 am for 10K runners and 7:45 for 5K runners

Costs:

- All costs below indicate **advanced** registration fees and include a t-shirt.
- An additional $5 will be charged to those who register the day of the race. Please note if you register the day of, t-shirts may not be available on-site and may have to be mailed or picked up at a later date.
- Cash, check or money order accepted. Make checks payable to "Methodist University." You may also register online to pay via debit or credit card.

Individual
10K Competitive: $35
10K Non-competitive: $30
5K Competitive: $25
5K Non-competitive: $20
BOTH Competitive races $45
BOTH NON-competitive races $40

Group Rates*
10K Competitive run $30/runner
10K NON- competitive $25/runner
5K Competitive run $20/ runner
5K NON-competitive run $15/runner
BOTH Competitive races $35/runner
BOTH NON-competitive races $30/runner

**To receive the group rate the group must have 25 or more participants. Runners of the same group may not be mixed in different races and have to run in the same race.*

Prizes will be awarded to the top male and female racers

Contact: Email **jmish@methodist.edu** for more information or (910) 630-7615

METHODIST UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM

RoadID
It's Who I Am.

Registration Form and Waiver

Please fill in all information, print form and sign release form. All fields are required.

Name (last, first, MI): _____

Age: _____

Street Address _____

City, State, Zip_____

Phone: _____

Email: _____

Emergency Contact Name _____

Emergency Contact Number _____

Check which race you want to run/walk

Individuals

____10K Competitive run ($35)
____10K NON-competitive run/walk ($30)
____5K Competitive run ($25)
____5K NON-competitive run/walk ($20)
____BOTH Competitive races ($45)
____BOTH NON-competitive races ($40)

Groups*

Group Name: _____

____10K Competitive run ($30/runner)
____10K NON- competitive ($25/runner)
____5K Competitive run ($20/ runner)
____5K NON-competitive run ($15/runner)
____ BOTH Competitive races ($35/runner)
____ BOTH NON-competitive races ($30/runner)

Group leaders:* *Please email ONE list of participants to jmish@methodist.edu once the registration form is submitted. List **must include the following for ALL runners: name, address, phone, email, emergency contact & number, sex, t-shirt size). Each runner must bring a signed waiver to the race or he/she will not be allowed to participate.*

Sex (circle one): **Female** **Male**

T-shirt Size (circle one): **S** **M** **L** **XL**

Please print and mail this form along with payment to:
Methodist University PA Program
Attn: Jennifer Mish
5107 College Centre Dr
Fayetteville, NC 28311
Cash, check or money order accepted. Make checks payable to "Methodist University"

OFFICIAL USE ONLY

Payment Method:

Payment Amount:

Check number:

RACE WAIVER AND RELEASE
Participant must sign each bullet in order to be eligible to participate in Race.
I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event:

- I am a voluntary participant in this event, and in good physical condition.

  Initial to acknowledge above_____ Date _____

- I acknowledge that I have either had a physical examination; or been given my physician's permission to participate; or that I have decided that I will participate in this activity without the approval of my physician.

  Initial to acknowledge above_____ Date _____

- I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event.

  Initial to acknowledge above_____ Date _____

  I hereby release and hold harmless and agree not to file suit against The Dr. Harvey Estes Student Society and Methodist University, its employees and agents as well as local Affiliates and any affiliated individuals, any Race sponsors and their agents and employees, and all other persons or entities associated with this event (the "Releasees") from any loss, liability or claims.

  Initial to acknowledge above_____ Date _____

- I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the Releasees or otherwise.

  Initial to acknowledge above_____ Date _____

- If I do not follow all the rules of this event, I understand that I may be removed from the competition.

  Initial to acknowledge above_____ Date _____

- I give my full permission to Methodist University and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event.

  Initial to acknowledge above_____ Date _____

- I give my full permissions to Methodist University to publicly release my finish time if I have designated myself as a competitive runner in either race.

  Initial to acknowledge above_____ Date _____

- I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

  Initial to acknowledge above_____ Date _____

Signature_____Date_____

Signature of parent or guardian if under 18 _____Date_____