

run walk &



Regional Rehabilitation Center

5K & 1 Mile Fun Run & Walk
Saturday, September 18

Sponsored by and benefiting Regional Rehabilitation Center at Pitt County Memorial Hospital

Net proceeds will benefit programs and services at the Regional Rehabilitation Center, where we are committed to helping patients reclaim their lives.

REGISTRATION FORM

Saturday, September 18, 2010 at 8:30 am, St. James United Methodist Church, 2000 East 6th St., Greenville, NC

Event from East Carolina Road Racing

Courses – The 5K course is USATF certified. The Fun Run & Walk is close to 1 mile. Both 5K and 1 mile races start on 6th Street in front of St. James United Methodist Church. The course is flat and winds through the University area. The 1-mile event follows the same route. Both events start at 8:30 am.

Organization, timing and scoring – Performed by East Carolina Road Racing. More information is available at www.ecrun.org.

Entry fees – 5K, **\$20** if mailed by September 13, **\$25** after and race day. 1 mile, **\$15** before September 13 and **\$20** after. Please do not mail entries after September 13; bring to the race. Entry fee includes T-shirts to the first 100 entrants. Wheelchair racers are welcomed. Group discount of \$5 per person for groups of five or more.

Awards, 5K – For the top 3 male and female overall, the top 3 male and female in each group, and the oldest male and female finisher.

5K age groups – Awards given in each category: 15 and under, 16-19, 20-29, 30-39, 40-49, 50-59, and 60+.

Awards, 1 Mile – For the top male and female overall and top wheelchair racer. All finishers will receive their time and placing.

Register – You can register at St. James United Methodist Church on race day starting at 7:15 am.

Contact – Rehabilitation Center at 252-847-4715.

Make checks payable to: Pitt Memorial Hospital Foundation

Mail registration form to: Regional Rehabilitation Center, Attn: Rehab Administration, 2100 Stantonsburg Rd., Greenville, NC 27834

Portable music players are discouraged and animals are not allowed in the event.

NAME _____ BIRTH DATE _____ AGE ON SEPT 18 _____ SEX _____

STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL ADDRESS _____

BIB# _____
For Office Use Only

5K Run 1 Mile Fun/Run Walk
 Wheelchair 5k Wheelchair 1 mile

T-SHIRT SIZE (check): S M L XL
Additional T-shirts available for \$15 S M L XL

I have enclosed \$ _____ for my entry, plus an additional \$ _____ for a donation or T-shirt for total enclosed amount of \$ _____ check cash
_____ check #

WAIVER: Must read and sign to participate

ADULTS

I realize that running can be a hazardous activity, and that I and my heirs, executors, administrators, and assigns do hereby release the organizers, sponsors, all race personnel, ECRR, PCMH and its affiliates and their respective employees and agents, from responsibility for any damages suffered by me as result of my participation in this event. I give my permission for any photos, video or any other recordings, which contain me to be used for promotional purposes. I attest that I believe I am healthy and fit enough to safely participate in the event and that I will take full responsibility for my own safety before, after, and during the event.

SIGNED _____ DATE _____

VOLUNTEERS

I, and my heirs, executors, administrators, and assigns do hereby release the organizers, sponsors, participants, all race personnel, ECRR, and PCMH and its affiliates and their respective employees and agents, from responsibility for any damages suffered by me result of my participation in this event. I give my permission for any photos, video or any other recordings, which contain me to be used for promotional purposes. I attest that I believe I am healthy and fit enough to safely participate in the event and that I will take full responsibility for my own safety before, after, and during the event.

SIGNED _____ DATE _____

MINORS

I am the parent or legal guardian of _____ (the Child Participant), and hereby authorize him/her to participate in the "Run, Walk, and Roll for Rehab" road race. I realize that running can be a hazardous activity, and that, as the parent or legal guardian of the Child Participant and on behalf of the Child Participant, his/her heirs, executors, administrators and assigns, do hereby release the organizers, sponsors, all race personnel, ECRR, PCMH and its affiliates and their respective employees and agents, from responsibility for any damages suffered by the Child Participant as a result of his/her participation in this event. On behalf of the Child Participant, I give permission for any photos, video, or any other recordings, which contain the Child Participant, to be used for promotional purposes. I attest that the Child Participant is healthy and fit enough to safely participate in the event and that I will take full responsibility for the safety of the Child Participant before, after, and during the event.

SIGNED _____ DATE _____

PARENT OR LEGAL GUARDIAN OF THE CHILD PARTICIPANT _____ DATE _____