

PHYSICIANS EAST

Lace Up 4 A Cure 5K

The Relay for Life 5K is organized by Physicians East. All the money raised from this event will be a donation to the American Cancer Society. The 5K will begin at 9:00 am. Registration will begin @ 8 am at Moe's on Redbanks Rd.

Date and Time

Saturday, February 28, 2009 at 9:00 am

5K Course

Starting on Moe's on Redbanks Rd. through Lyndale. More details available at www.physicianseast.com or www.ecrun.org

Registration (Donation to Relay)

5K Run: \$20 on or before 2/20/09
\$25 after 2/20/09

1 Mile Fun Walk: \$10 on or before 2/20/09
\$15 after 2/20/09

Make checks payable to: **The American Cancer Society**

Mail to:

Attention: Becky Oakes (Relay Run/Fun Walk)

Physicians East

1850 W. Arlington Boulevard

Greenville NC 27834

Registration form available at www.physicianseast.com

For questions call: Angela @ 413-6382

Feb. 28, 2009

Results

Timing services will be provided by East Carolina Road Racing

Awards and Age Groups

Top Overall Male & Female. Also, top two in each age group: 12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over.

Hospitality

Drinks and refreshments will be available before and after the race.

**WE HOPE
YOU WILL
JOIN IN ON
THE FUN!!**

Registration Form (please check the appropriate event)

5K _____ 1 Mile Fun Walk _____

Office Use: Race # _____

Date Paid: _____ Initials _____

Name _____ Sex _____ Age _____ DOB ____/____/____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Email Address _____

T-Shirt Size: S M L XL (Circle one) *Make checks payable to: The American Cancer Society*

I understand that participating in a running or walking event is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risk associated with participating in these events including, but not limited to, falls, contact with other participants, the effects of weather including heat and humidity, traffic and the conditions of the roads, or trail, and such risks being known and appreciated by me. Having read this waiver, I release Physicians East P.A., the American Cancer Society, Relay for Life, East Carolina Road Racing, race officials, volunteers, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising from my participation in this event. I grant permission to all of the foregoing to use my photographs, motion pictures, recording, or other record in the event for any legitimate purpose. I have read the above conditions and accept them as shown by my signature.

Signature (Parent/Guardian's signature if under 18) _____ Date _____