Colors for a Cause 5K Color Run

Saturday, December 6th, 2014 - 10:00 a.m.

At Topsail High School

245 North St. Johns Church Road

Hampstead NC 28443

Registration Form

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: Male / Female (circle one) Age: (on race day) \_\_\_\_\_\_ Activity: Running / Walking (circle one)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal \_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: (CIRCLE ONE) S M L XL

**EVENT INFORMATION:** Topsail High School will be hosting Colors for a Cause, a 5k color run where all proceeds go to three local families battling cancer and the Make a Wish Foundation! The day of the race you will check in and receive your shirt at 10:00 then afterwards we will start! After the race you are welcomed to stay and enjoy refreshments and hang out with you friends and take pictures of you and your friends looking like a human rainbow.

**RACE FEE:** $30 for paper registration

$35 for online registration http://colorsforacause5krun.weebly.com/ (race shirts limited unless registered 15 days before race)

 **Please circle payment method**- Cash  Check (make all checks out to Colors for a Cause)

***Please turn in form to Kendall Kampen or mail in registration and $30 to 106 kinsey Ct Hampstead North Carolina 28443***

 **Please write on front of envelope**

**Colors for a Cause**

**c/o Kendall Kampen**

**106 kinsey Ct Hampstead North Carolina 28443**

**EVENT DISCLAIMER**: Please review the following waiver and disclaimer. By adding your signature, you accept this waiver and disclaimer. Waiver and Release: By participating in this Event, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal

property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers of this

event, its principals, its officers & directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this ‘Waiver and Release’ and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and

all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation.

 I AGREE Sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_