



CarePartners 5K for United Way Run / Walk



United Way of Asheville
and Buncombe County

Date / Time: Saturday, October 4, 2008 at 10:00 a.m.
 Location: Carrier Park, Amboy Road, Asheville, NC 28806
 Race Day Check in: 9:00 a.m. - 9:45 a.m. at the Pavilion
 Pre-Register: All mailed forms due 10/1/08, extra fee for Day of Race Sign-ups
 Entry Fee: \$20.00 (Ages 15 or older, \$25 Day of Race)
 \$15.00 (Ages 7 - 14, \$20 Day of Race)
 Free (Children 6 and under, no T-shirt available)
 Proceeds Go To: United Way of Asheville and Buncombe Co.

(cut along dotted line)

Registration Information

Name: *(First MI Last)* _____ Gender: M _____ F _____

Mailing _____ Race Day Age _____
Address _____

Phone #: _____ Email: _____

T-Shirt Size: (circle one) Adult S M L XL XXL

Only the first 200 registered participants are guaranteed T-shirts. Sizes are not guaranteed.

Amount on Check: \$_____ Payable to: CarePartners Health Services

Mail Registration Form and Check to: CarePartners Health Services or Drop off at:
 Attn: Jessica Kenney Jus' Running Inc.
 68 Sweeten Creek Rd. 523 Merrimon Ave.
 Asheville, NC 28803 Asheville, NC 28804

This event will be held rain or shine. The entry fee is non-refundable. Each participant must complete a registration form. The fees for multiple participants may be included on one check, please mail all registration forms together for multiple participants paying together. Photocopies of this form are acceptable.

The race course is wheelchair and stroller friendly with the majority of the course being paved with only a small grassy and mulched section. The distance of the course is 5K = 3.1 miles.

Please Read and Sign:

I choose to participate in the CarePartners and United Way 5K Run / Walk event on October 4, 2008. I accept legal responsibility for myself, and anyone entitled to act on my behalf, and do hereby release and discharge Community CarePartners, Inc., United Way, all sponsors, contractors, organizers, and volunteers from any and all liability arising from any illness, injury, or damages that I may suffer as a result of my participation in the CarePartners and United Way 5K Run / Walk. I further grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or other record of this event for any legitimate purpose. I certify by my signature that I am in good physical condition and able to participate in this event.

Signature: _____ Date: _____

(Parent / Guardian signature if under 18)