

ENTRY FORM

Check One: Pink Relay 4-MILE Fun Run

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Age on 10/30/10: _____ Birthdate: _____

Sex: M F

T-Shirt Size (Relay or 4-Mile only): XS S M L XL

Payment Options: Check is enclosed

Please bill my credit card:

MasterCard/Visa # _____ Exp. _____

Signature _____

All applicants must sign waiver!

Waiver: Upon acceptance of this entry, I, for myself, my heirs and assigns, hereby release the sponsors, officials and volunteers of the Power of Pink Event; Haywood Regional Medical Center; Glory Hound, Inc.; State of North Carolina; Haywood County, NC; Haywood Community College and all participating businesses and organizations from any and all liability arising from illness, injury or death I may suffer as a result of my participation in this event. I attest that I am physically able and have sufficiently trained for this event and am aware that participation in this event could result in physical injury. Should officials determine that completion of the event would be injurious to my health, I consent to be removed from the event and treated by designated medical personnel. I agree to accept the decisions of the officials as final. I also understand that wheeled vehicles - including bicycles, skates, strollers and scooters, are prohibited from the course.

Signature: _____

Date: _____

Parent/Guardian: _____

(if under 18 years old)

FOR PINK RELAY ONLY Each team member must complete their own entry form and sign a waiver. Please send all completed entry forms with payment together in one envelope.

Team Captain: _____

Name of Team: _____

I am running this Leg # for my team:

Check Leg #: #1 #2 #3 #4 #5

MAIL OR RETURN ENTRY FORM WITH PAYMENT TO:

**HRMC Foundation, 262 Leroy George Dr.,
Clyde, NC 28721 or fax to (828) 452-8973**