

# THIS RACE BLOWS REGISTRATION FORM 5K AND 1 MILE TWILIGHT WALK/RUN

ALL PROCEEDS BENEFIT THE CYSTIC FIBROSIS FOUNDATION

**PLEASE CIRCLE YOUR RACE:**

1 MILE FUN WALK/RUN: \$20 OR  
5K WALK/RUN \$35 (AFTER MAY 16: \$40)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M OR F

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

**T-SHIRT SIZE (CIRCLE ONE):**

ADULT: XXL XL L M S YOUTH: L M S

**NAME AND AGES OF CHILDREN (3 AND UP) REQUIRING CHILDCARE DURING 5K (NO ADDITIONAL COST):**

1. NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

3. NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

4. NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

**RACE PRESENTED BY:**

DUMAYNE  CHIROPRACTIC

Kinney & Associates, Ltd.  
Mediation and Legal Services

336-214-6052



**Allstate**<sup>®</sup>  
You're in good hands.

## RELEASE AND WAIVER OF LIABILITY AGREEMENT

ALL PARTICIPANTS ARE REQUIRED TO , AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THIS EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue Jones Racing Company, LLC. or This Race Blows, its affiliated corporations and charities, the host city(ies), county and state, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively Releases") from all liability to the Athlete, his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s), and any and all claims or demands therefore, o account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releases or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Jones Racing Company, LLC., or This Race Blows in its sole discretion, may delay or cancel the Event if it believes the conditions on race day are unsafe. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of Jones Racing Company, LLC. and This Race Blows. There shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. The Athlete hereby grants to The Medical Staff of the Event , and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that they have the rights to refuse medical care and advise of Event medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. It is understood ad agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. I understand that bicycles, skate boards, roller skates or inline skates, animals and music devices of any type are not allowed in this event and I will abide by this rule.

ATHLETE HAS READTHE FOREGOING AND ITENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT

### NO REFUNDS

I understand that if the race is cancelled because of circumstances beyond the control of the race committee and sponsors, including but not limited to hazardous weather conditions or government ban, my entry fee will not be refunded and that there is no inclement weather make up date for this event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE EVENT AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): \_\_\_\_\_



## THIS RACE BLOWS INFO SHEET

### 1 MILE AND 5K TWILIGHT WALK/RUN PROCEEDS BENEFIT THE CYSTIC FIBROSIS FOUNDATION

[WWW.THISRACEBLOWS.COM](http://www.thisraceblows.com)



**Date:** June 4, 2016

**Time:** 5:00pm-10pm

**Event:** 1 mile run/walk and 5K run/walk; activities for the kids and a post-race concert by TORN CORNERS

**Location:** Mackintosh on the Lake Clubhouse (4210 Bonnar Bridge Parkway, Burlington, NC 27215)

#### **Race Description:**

1 mile race will be an unofficially timed, flat route perfect for strollers, families, and wee ones to run or walk.

<http://www.mappedometer.com/?maproute=247103>

5K race will be officially timed on a course of rolling hills. One water station will be located on the course.

<http://www.mappedometer.com/?maproute=159563>

#### **Packet Pickup:**

June 3, 2016: 9:00-10:00am; 12:00-1:00pm; 5:00-7:30pm Dumayne Chiropractic (3493 Forestdale Drive Suite 101, Burlington, NC 27215)

June 4, 2016: 3:30pm at Mackintosh on the Lake Clubhouse (4210 Bonnar Bridge Parkway, Burlington, NC 27215)

#### **Race Day Info:**

Packet Pickup and Registration: 3:30pm

1 Mile Race Start Time: 5:00pm

5K Race Start Time: 6:00pm

Concert by THE LONE GUNMEN and TORN CORNERS Begins: 7:00pm

Award Presentation: ~8:00pm

Lantern Lighting and Release: 9:00pm

Event Ends: 10:00pm

#### **Race Awards:**

1 mile run/walk: all registered children participating will receive a medal upon completion of the race.

5K: Overall Men's and Women's Award; 10 and under; 11-15; 15-20; 21-30; 31-40; 41-50; 51-60; 61-70; 70 over

#### **Food and Beverages:**

Food will be available to purchase at the event.

Non-alcoholic beverages will be available for purchase. Alcohol will not be sold at the event but you are welcome to bring your own.

**Questions:** [thisraceblows@yahoo.com](mailto:thisraceblows@yahoo.com)