NORTH CAROLINA PICKLE

CUKE PATCH 5K GLOW RUN

2018 ENTRY FORM

******Pre-registrations must be received by April 1, 2018 to guarantee Official Cuke Patch 5K Shirt on Run Night.***

Name: _____

Address: _____ _____ City, State, Zip: _____

Phone: (_____) _____ Cell: (_____) _____ Age on Event Day: _____

Email:_____

Group or Organization, if applicable: _____

Pre-registered Runner: $20/ person

Individual registration after April 1: $25/ person

Pre-registered Group Rate (4 or more): $15/ person

Group Registration after April 1 (4 or more): $20/ person

Note: Groups must submit their forms TOGETHER with payment

Total Enclosed: $_____

Tee Shirt Information:

___Mens Sizes ____Ladies Sizes ____Youth Sizes

____ Adult XSmall ____ Adult Small ___ Adult Med

____ Adult L _____ Adult XL ____ Adult 2XL

____ Adult 3XL _____ Adult 4XL

____Youth Small ____ Youth Med _____Youth L

All participants must sign form. If under 18 years of age, a parent or guardian must complete and sign below. Runners under the age of 12 must be accompanied at all times by a parent or guardian.

RELEASE OF ORGANIZERS AND SPONSORS of the Cuke Patch 5K Glow Run (the Event.) In consideration of the acceptance of this entry**,** I hereby, for myself, my heirs, executors, administrators, assigns and/or legal representatives, do hereby waive, release and discharge the Mount Olive Area Chamber of Commerce, the Town of Mount Olive, NC, the sponsors and all Event personnel from any and all claims for damage suffered by me as a result of my participation in or travel to or return from the Event. In addition I certify that I am in proper physical condition to participate in the Event and accept full responsibility for my own safety during the Event.

Date _____, ____ Runner's signature_____
(Signature)

PARENT or GUARDIAN of Minor Child (Under 18 Years of Age): I, as a parent or guardian of the below named minor(s), hereby give permission for my child(ren) or ward(s) to participate in the Event and further agree individually or on behalf of my child(ren) or ward(s) to the terms of the above Release of Organizers and Sponsors.

Date _____, ____ Guardian's signature_____
(Signature)

Team Name (if registering under the group rate).
Note: each team member must complete a registration form.

_____

_____

Questions? Contact:

Josh Phillips at 919-658-9538 ext. 110
joshphillips@townofmountolivenc.com

Or:
Mount Olive Area Chamber of Commerce 919-658-3113

To Register:
Submit this completed application and a check payable to the **Waylin Area Foundation** to:

Cuke Patch 5K
123 N. Center Street
Mount Olive, NC 28365