

Registration Form - Ryan's Reindeer 5K Run/Walk
Saturday December 18, 2010

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
E-Mail _____
Age on Race Day _____ Date of Birth _____
Male _____ Female _____
Adult T-Shirt size (please circle): S, M, L, XL
Youth T-Shirt size (please circle): YS, YM, YL

Race Location: Medical Arts Bldg
Downtown Fayetteville 101 Robeson St.
12/17/2010 5-8 pm Packet pick up
and registration, Breezewood Family
Healthcare, 200 Forsythe Street
Fayetteville, NC 28303
12/18/10 7:00am packet pick up and
same day registration at
race location. 8:30am race start.

To guarantee a T-shirt, reindeer ears and goodie bag registration must be received by December 3, 2010.

Entry Fee \$25.00 Individual Runner/Walker (children under 13 free with participating adult)
\$75.00 Family (includes 4 T-shirts)

Family registrants will not be eligible for individual prizes but will be eligible for the family prize. Times of all family members will be added together to get the family time. Please complete a separate registration form for each participating family member. **Group Trophy** to group with most members registered.

Individual Runner/walker (\$25) \$ _____
Family Entry (\$75/4 people) \$ _____
Extra T-shirts @ \$12 each \$ _____
S ___ **M** ___ **L** ___ **XL** ___ **YS** ___ **YM** ___ **YL** ___
Optional Tax Deductible donation \$ _____
Total Amount enclosed \$ _____

Cash or Checks Payable to:
The RPK Foundation
PO Box 58034
Fayetteville, NC 28305

Group Name _____

Please make sure to sign waiver and release form.

Waiver—Must be signed to participate

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, Ryan Kishbaugh Memorial Foundation, City of Fayetteville, Cumberland County Hospital System, High Smith Rainey Medical Arts Building Association, EHM Finish Lines/Atlantic Coast Timing Services, Breezewood Healthcare, and each of their agents, representatives, successors and assigns, and all other persons associated with this event, for all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that bicycles, skateboards, roller skates or blades are not allowed in the race, and I will abide by these guidelines. I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, recordings or any other record of my participation in this event for any legitimate purpose.

Signature _____ Date _____

Signature of Parent or Guardian (if under 18) _____ Date _____