

Waiver and Release Form

In consideration of accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against the Rae of Hope at Ocean Isle Beach, the Sarcoma Foundation of America, race directors, their officers, directors, members and volunteers and any and all sponsors including other parties and their representatives successors and assigns for any and all injuries suffered by me in said event. I attest that I am physically fit and have sufficiently trained for the competition which I am voluntarily entering at my own risk. My physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. No refunds if the race must be cancelled due to acts of God.

USE OF SPIKES, STROLLERS, BICYCLES, HEADPHONES, BABY JOGGERS, IN-LINE SKATES, OR ROLLER SKATES ARE NOT PERMITTED ON THE COURSE. NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER. IF UNDER 18, SIGNATURES OF LEGAL GUARDIAN AND PARTICIPANT ARE REQUIRED.

SIGNATURE OF ENTRANT

SIGNATURE OF GUARDIAN

DATE

HEAT WARNING: Temperatures/humidity can be high in North Carolina. Participants should drink plenty of fluids (nonalcoholic) for 48 hours prior to, during and upon finishing the race. Beware of heat injury symptoms, including dizziness, no sweating, nausea, cramps, redness,



Thank You
To our Sponsors



Seaside Family Medicine P.A.

Rae of Hope



In memory of Rae Lynn Yates, M.D.
5K Walk/Run

Sarcoma **sfa**
Foundation of America
finding the cure in our time

Saturday,
September 26, 2009

@8:00a.m.

Ocean Isle Beach
North Carolina

PLACE:

Ocean Isle Beach, NC

DIRECTIONS:

From Highway 17 take Ocean Isle Beach turn, go through light, continue over bridge to island. Take a left on First Street and registration will be at the Ocean Isle Beach Community Center.

Ocean Isle Beach Community Center
44 East First Street
Ocean Isle Beach NC

PARKING:

Park in the lot that is furthest to the north next to the ball fields.

COURSE:

5K (5,000 meters or 3.1 miles) Run/Walk
Certified Course

TIME:

Raceday Registration 6:00-7:15 AM
5K Run/Walk 8:00 AM

ENTRY FEES:

Early Registration thru September 19th \$20
Raceday Registration (everyone) \$25

T-Shirts are guaranteed to the first 300 runners.

AWARDS 5K RUN:

Top 3 Overall Male & Female
Top Master Male & Female
Top 3 in Each Age Group

AGE DIVISIONS:

5K Run: Male & Female. Five year age groups starting at age 14 & under thru 70 & over.

KIDS RUN:

There will be a fun race for children 5 and under following the race

PRE-REGISTRATION BY MAIL:

Make check payable to:

Sarcoma Foundation of America

Mail completed form to:

Gray Lambeth
5211 Wrightsville Avenue
Wilmington, NC 28403

PRE-REGISTRATION & PACKET PICK-UP:

Ocean Isle Beach Community Center
44 East First Street
Ocean Isle Beach NC

RACEDAY PACKET PICK-UP:

Race day packet pick-up starts at 6:00 AM

CONTACTS:

For additional information call:

asmith1631@triad.rr.com

Or

graylambeth@yahoo.com

910-619-7919 cell phone of Gray Lambeth

Or

Norine Spencer, Development Director, SFA

nspencer@curesarcoma.org

301-253-8687

Or

www.curesarcoma.org

Rae of Hope - 5K Walk/Run

Make checks payable to: Sarcoma Foundation of America. Mail: c/o Gray Lambeth 5211 Wrightsville Avenue Wilmington, NC 28403

LAST NAME _____ FIRST NAME _____ AGE ON RACEDAY _____ MALE _____ FEMALE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____ BIRTHDATE ____/____/____

ENTRY FEES: EVENT: T-SHIRT SIZE:

____ PRE-REGISTERED \$20 ____ RUN ____ SM ____ LG
____ RACEDAY \$25 ____ WALK ____ MD ____ XL

ADDITIONAL DONATION \$ _____ Thank you!

RACE NUMBER (official use)