



# 18th WOMEN'S ONLY 5K WALK & RUN GIRLS' ONLY MINI WALK & RUN

A separate form is required for each participant, including girls. Copies are acceptable.

## 2010 ENTRY FORM



Please Print Clearly

Name (Last) (First) (Middle Initial)

Month / Day / Year  
Birth Date

Mailing Address Street (include apt. #)

Age on Race Day

City State ZIP

E-mail Address

Women's Only 5K registrations include chip timing. You must wear a chip to qualify for overall, masters and age group race awards.

### BEFORE YOU MAIL THIS PAGE:

- Complete the entire entry form.
- One person per entry form; photocopies are acceptable.
- Read and sign the RACE WAIVER AND RELEASE.
- Check all fees and verify total.

( )

Phone

### WOMEN'S ONLY 5K ENTRY FEES

- Postmarked by Sept. 11 . . . . . \$30  
(Packets will be mailed.)
- Postmarked after Sept. 11 . . . . . \$40  
(Packets held for pick-up on Oct. 1-2.)

T-shirts are guaranteed for the first 3,000 pre-registered participants. Please select size. (check only one). You will not be able to exchange sizes at the race.

### Adult (women's cut shirts) Children (youth sizes)

- |                                   |   |
|-----------------------------------|---|
| Small <input type="checkbox"/>    | Small (6-8) <input type="checkbox"/>    |
| Medium <input type="checkbox"/>   | Medium (10-12) <input type="checkbox"/> |
| Large <input type="checkbox"/>    | Large (14-16) <input type="checkbox"/>  |
| X-Large <input type="checkbox"/>  |   |
| 2X-Large <input type="checkbox"/> |   |

Employer

h m m s s  
Estimated finishing time  
or race seeding

For Elite Runners Only

Do not mail this form after Sept. 18.

### GIRLS' ONLY MINI WALK & RUN

(age 6 and under)

- . . . . . \$10
- Tax-Deductible Donation . . . . . \$
- Total Amount Enclosed . . . . . \$**

- I am a breast cancer survivor and would like a special breast cancer survivor shirt.

Over the past 18 years, including 2010, how many Women's Only races have you run and/or walked?

## Registration

ONLINE: [womensonllyrun.com](http://womensonllyrun.com) Online registration closes at 5 p.m., Monday, Sept. 27.

### RACE PACKET PICK-UP/ONSITE REGISTRATION:

Friday, Oct. 1, 4 - 7 p.m. and  
Saturday, Oct. 2, 7:30 - 8:30 a.m.

For those who register online by Sept. 11 or return this form postmarked by Sept. 11:

- No on-site packet pick-up required.
- Packet will be mailed directly to race applicants with legible, printed addresses.
- No additional S&H charges.

Registration and packet pick-up closes promptly at 8:30 a.m. to avoid race start delay. **No exceptions.**

MAIL: Complete Entry Form and send with your check, payable to Women's Only 5K, to Moses Cone Health System, Marketing Department, 1200 N. Elm Street, Greensboro, NC 27401.

LOCATION: The Women's Education Center at The Women's Hospital of Greensboro, 801 Green Valley Road.

After Sept. 11, individuals registering online or mailing registrations must pick up race packets onsite Oct. 1 or Oct. 2. **Online registration closes at 5 p.m., Monday, Sept. 27.**

PARKING: Moses Cone Health System Administrative Services Building, 721 Green Valley Road, across Lendew Street from The Women's Hospital.

## Waiver • Signature Required

### Moses Cone Health System Assumption of Risk and Release and Indemnity Agreement

In consideration of being allowed to participate in the 2010 Women's Only 5K Walk and Run ("the race"), I acknowledge and agree as follows:

I know that participating or volunteering in a road race is a potentially hazardous activity. Some of the risks I may encounter include but are not limited to: falls; contact with other participants; the effects of the weather, including heat stroke, heat exhaustion or dehydration; getting lost or separated; and being struck by vehicular traffic. I agree to assume all inherent risks and all other risks, including those not specifically mentioned above. I understand that I am responsible for ensuring that I am medically able and properly trained to complete the race or volunteer but also agree to abide by any decision of a race official relative to my ability to safely complete the race.

I, for myself and anyone entitled to act on my behalf, waive and release The Moses H. Cone Memorial Hospital and its subsidiaries and affiliates ("Moses Cone") and all sponsors, agents, employees, officers, directors and volunteers working for Moses Cone from all claims and liabilities of any kind, arising out of or related to my participation in the race and any other activities connected to the race. This release includes and prohibits all types of claims including those for breach of contract, injury, loss, damage or death.

I understand that event photographs and/or video images will be taken on the eve and day of the race. I freely give my permission for use of such photographs and video images in future Women's Only race event promotions without further communication or compensation. I also agree that any dispute or suit I have will be resolved using the laws of the state of North Carolina. Any mediation, suit or other proceeding must be filed or entered into only in North Carolina. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

Name of Participant

Date

Parent/Guardian if participant is under 18