



★ October 2, 2010 at 0900 ★  
Richard Ray Park, 1200 Commons Drive North, Jacksonville NC

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Age on race day: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Individual Entry: \$20 = \$ \_\_\_\_\_ T-shirt size: S  M  L  XL

Late Individual Entry: \$25 = \$ \_\_\_\_\_ (after 9/25/2010)

Family Entry: \$50 = \$ \_\_\_\_\_

Late Family Entry: \$60 = \$ \_\_\_\_\_ (after 9/25/2010)

Member #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ (youth XS, S, M, L available)

Member #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Member #3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Member #4 Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Member #5 Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

**Total amount enclosed:** \$ \_\_\_\_\_

Please make checks payable to **The Jacksonville Montessori School** and mail this application, along with appropriate entry fee, to:

**The Jacksonville Montessori School**

**Attn: 5K Race**

**714 Bates Street**

**Jacksonville, NC 28540**

**Waiver and Release**

All participants must read, sign agree to the following statement and then sign and date below **UNSIGNED APPLICATIONS WILL BE REJECTED**. Please make checks payable to: Jacksonville Montessori School. Additional donations are happily accepted. I know that running is potentially hazardous activity. I should not run in this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete in the event. I assume all risks associated with running and walking, including, but not limited to, falls, weather conditions, contact with other participants, the effects of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release the Onslow County government, the city of Jacksonville, The Jacksonville Recreation Center, The Jacksonville Montessori School, plus all event partners, sponsors and volunteers, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, or any other record of this event for any legitimate purpose without compensation to me.

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

(Signature of parent or guardian is needed if applicant is under 18 years old)

**If registering as a family we must have a signed release for ALL participants.**

**Participants Name:** \_\_\_\_\_

**Waiver and Release**

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

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**Participants Name:** \_\_\_\_\_

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