


**2010 Spring
GO FAR 5K Family Event
Race
Application**


Mail TO:
GO FAR
2432 N. Old Greensboro Rd
High Point, NC 27265

MAKE CHECKS
PAYABLE TO:
GO FAR

Last Name: _____ First Name: _____ Age on race day _____

Address: _____ City _____ State: _____ Zip code _____

CIRCLE ONE: Male or Female Email Address: _____

Phone number _____ Emergency phone _____

5K RACE CATEGORY – SELECT ONE

\$15 through April 12, 2010 _____ \$20 after After April 12, 2010 _____ \$25 Race Day _____

Name of school the participant is affiliated with: _____

Please check one of the following:

- I am a GO FAR Kid participating in a school program
 I am a parent, sibling or other family member of a kid in a GO FAR program
 I am a teacher who works with GO FAR or at a school doing GO FAR
 I am not part of GO FAR I am from the community
 None of the above

Don't wait to register! We cannot guarantee a race T-shirt if you register after April 12th.

NOTE: GO FAR is a participatory fitness program. We award medals to all finishers, but no age-group or overall awards

T-SHIRT—SELECT ONE –PLEASE CIRCLE

Youth Medium Youth Large Adult Small Adult Medium Adult Large
 Adult XL Adult 2X (add \$2 for XXL)

Race Waiver: I know that running a race can be a hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this race, including, but not limited to, falls, contact with other participants, the effects of weather including high heat and humidity, ice, traffic, lightening, high winds, and the conditions of the road, 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, release, and will hold harmless GO FAR inc, the race organizer, all other sponsors, all volunteers, staff, officers, for all claims, liabilities of any kind arising out of or related to my participation in this race. Athlete acknowledges and agrees that the organizers of the, in their sole discretion, may delay or cancel the race or related activities for any reason. The participant hereby assumes all risks of loss, damage, or injury that may be sustained by him/her while participating in the GO FAR 5K. The participant agrees to the use of his/her name and photograph in all media and promotion efforts without compensation. IF THE PARTICIPANT IS UNDER AGE 18: I, the undersigned parent/guardian, agree that my son/daughter has my permission to participate in that the parent/guardian has read the foregoing Race Waiver and by signing below intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further represents that my son/daughter is in good physical condition and is able to safely participate in this race. Parent / guardian must also sign below for the entrants under the age of 18. By signing, parent/guardian agrees to the same conditions required of the Participant.

PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY ACCEPTS THIS RACE WAIVER

Signature (Parent must sign if participant under 18 years of age) _____ Date: _____



RACE DETAILS

Race Date and Time

Saturday, May 1, 2010

9:00 am 5K Run/Walk

Important: We must have a registration form for each individual runner with a signed waiver!

All runners will be timed by wearing a chip on their shoe or ankle. Chips are \$5 if they are lost by the participant.

Raffle available at race for beautiful Italian Leather chair (1 raffle ticket for \$10 or 3 for \$20. Chair valued at \$2,400)

GO FAR items for sale at event.

Packet Pick-up

April 30, 2010 @Pro-Fit in High Point

From 5-6:30 p.m.

May 1, 2010: 7:30 am at race

Race Location

Showplace 211 E. Commerce Ave in High Point (for directions and parking information go to www.gofarclub.org)

Parking available in downtown High Point

Race Fees—NO REFUNDS

\$15 through April 12, 2010

\$20 After April 12, 2010

\$25 on Race day

T-shirts are guaranteed to all registered by April 12, 2010

Contact Information

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GO FAR

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High Point, NC 27265

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