



**2009 FALL
GO FAR 5K Race
Saturday, November 14**



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

MAKE CHECKS
PAYABLE TO:
GO FAR

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CIRCLE ONE: MALE FEMALE

AGE ON RACE DAY _____ CELL # _____ EMERGENCY # _____

EMAIL ADDRESS _____

RACE FEES

T-SHIRT—SELECT ONE —PLEASE CIRCLE

\$15 before Oct 28, 2009 _____

YOUTH MED.

YOUTH LARGE

\$20 Oct 29 –Nov 14 _____

ADULT SMALL

ADULT MEDIUM

\$25 Race Day _____

ADULT LARGE

ADULT XL

ADULT XXL (ADD \$2 FOR XXL)

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

Please check one of the following:

_____ **I am currently a GO FAR child enrolled in a school GO FAR program.**

_____ **I am a parent, sibling, or friend of a child enrolled in a GO FAR program.**

_____ **I am a teacher or school administrator at a school currently implementing a GO FAR program**

_____ **None of the above apply.**

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, lightning, 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 for children under 18 years of age): _____ Date: _____

RACE DETAILS

Saturday, November 14, 2009

Race-day Registration: 7:30 - 8:30 a.m.

5K Run/Walk start: 9 a.m.



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 \$30 if they are lost by the participant.

Packet Pick-up

November 13th @ Pro-Fit, Main Street in High Point

From 5-7 p.m.

November 14th: @ Advanced Home Care

From 7:30 – 8:30 am

Race Location

Advanced Home Care

4001 Piedmont Parkway, off Route 68 in High Point. North of the Palladium Theatres

Parking available in the Advanced Home Care parking lot.

Race Fees—NO REFUNDS

\$15 before October 28, 2009

\$20 October 29-November 13, 2009

\$25 Race Day

T-shirts are guaranteed until October 15, 2009 for all registered runners.

Contact Information

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GO FAR

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High Point, NC 27265

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