



Resurrection Lutheran School's 2nd Annual 5K Run/Walk

RUN WITH THE LIONS!!



Date/Time: Saturday, November 15, 2014 at 9 a.m.
Registration begins at 7:30 a.m.

Location: Wake Med Soccer Park
201 Soccer Park Dr. Cary, NC 27511

To Benefit: Resurrection Lutheran School

Entry Fee: Competitive Runner: \$25 received by Oct. 30th
\$30 after 30th and on race day
Recreational \$20 received by Oct. 30th
Runner/Walker: \$25 after 30th and on race day
For families with 4+ members participating \$80 total
Tec shirt guaranteed to all participants registered by October 30th

Make checks payable to: RLS PSO - 100 Lochmere Drive West Cary, NC 27518

Information: Online Registration: <https://www.racereach.com/e/Resurrection-Lutheran-School-s-2nd-Annual-5K>
website: www.rlscary.org email: pso@rlscary.org

**First 100 children
registered get FREE
RLS cinch bag!!**

Please Print Clearly (one entry per participant, form may be copied)

Name: _____
Gender: M F (circle one)
Age: _____ (age on race day)
Address: _____
City/State/Zip: _____
Phone: (____) _____
Email: _____

Tec Shirt Size: (circle one)

Adult: S M L XL

Youth: S M L

Event: (circle one) **5K Walk** **5K Competitive Run** **5K Recreational Run**
Age Group: (circle one) 12&under 13-19 20-29 30-39 40-49 50-59 60-69 70&up

WAIVER (must be signed) In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature of Participant: _____ Date _____
(If participant is under 18 a parent signature is also required.)

Signature of Parent/Guardian: _____ Date: _____