**Saturday, May 6th 2017**

***To Benefit***

***National Disabled Veterans Winter Sports Clinic***

**Entry Fee**: **5K**: $25 up to and including April 7th

$30 after April 7th

$15 for all Veterans

**Kids Yankee Doodle Dash**: $10

**Make checks payable to**: American Legion Auxiliary Unit 175

**Send to:** PO Box 2721 Durham, NC 27715

**For more information**: Contact elizabeth.karan@va.gov

**Register online**: [www.runnc.com](http://www.runnc.com)

—————————————————————————————————————————————***Please Print Clearly (One entry per participant; form may be copied)***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F (circle one) Age on race day : \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran: Yes No *(Circle One)* Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event*: (circle one):* 5K Run, Walk & Roll *(chip timed uncertified) 8:00 a.m. start time*

Kids Yankee Doodle Dash (1/4 mile 10 & under) 9:15 a.m. start time

I will be using a wheeled mobility device: Yes No *(Circle One)*

I am requesting volunteer assistance on the course: Yes No *(Circle One)*

In the 5K, awards will be given to the top three male and top three female runners/walker and top three male and top three female rollers, and to the top three finishers in each of the following age groups - (both sexes) 14-under, 15-19, 20-29, 30-39, 40-49, 50-59 , 60-69 and 70+.

T-Shirt Size (circle one) Adult: S M L XL XXL\*\*\* Youth: S M L

***T-shirts are guaranteed to those entered by April 7th***

\*\*\**There will be an additional $3.00 charge for size XXL Additional t-shirts will be available while supplies last*.

**Yes! I would like to make an additional donation to support recreational and wellness opportunities for area Veterans! $\_\_\_\_\_\_\_**

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

**WAIVER** (must be signed by participant AND parent/guardian of participants <18 years of age)

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 Durham VA Medical Center, City of Durham, Young and Associates, 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 even 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. Dogs are not permitted. Strollers are welcome.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 