

# GREAT AMERICAN XC FESTIVAL

## COMMUNITY 5K RACE

### SATURDAY, OCTOBER 2, 2010



Whether you are trying to set a new 5K PR on this challenging cross country course or just want to take part in the Great American Cross Country festivities, come join us as the community race kicks off a fun day of exciting cross country racing showcasing some of the best high school talent in the nation!

#### **RACE DETAILS**

**WHERE:** WakeMed Soccer Park  
201 Soccer Park Dr, Cary, NC 27511

**COURSE:** WakeMed Soccer Park Cross Country Course

**TIME:** Saturday, October 2, 2010 at 7:30 a.m.

**AWARDS:** Top Male and Female Overall. Top 3 finishers (male and female) in the 13 and Under age group.

**COSTS:** \$15.00 (Large groups please contact HS.Event.Mgmt@gmail.com for group rate.)

#### **RACE REGISTRATION**

Register and pay online at <http://www.headcountreg.com/>.

- OR -

Fill out the paper form and mail to PO Box 33257, Raleigh, NC 27636.

**ENTRY FEE:** Please make checks out to HS Event Management LLC and mail to the above address with application if not registering online.

**RACE DAY:** Race day registration will be held beginning at 6:30 a.m. and last until 7:00 a.m.

Participant Name: \_\_\_\_\_ Gender: (M)\_\_\_\_ (F)\_\_\_\_\_

If Under 18, Parent's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

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

#### **RACE WAIVER**

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify NSSF, HS Event Management LLC, Nike, the Town of Cary, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the event or any of its associated sponsors or workers. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises and equipment to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activity and take full responsibility for doing so. Failure to exercise this option indicates my approval and acceptance.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Parent's Signature (if participant is under 18) Date

<b>Official Use Only</b> Date _____ Receipt #GA _____ Initials _____
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