



Marathon Start 8:00 am  
 Half Mar. Start 8:00 am  
 5K Walk/Run 9:00 am

# UnitedHealthcare NC MARATHON 2010 RACE REGISTRATION FORM

Packet Pick Up  
 12 Noon-10:00 pm  
 SHOWPLACE  
 March 19, 2010



All race forms available at: NCMARATHON.org

## PART #1 – PARTICIPANT INFORMATION

NAME: \_\_\_\_\_ AGE ON MARCH 20, 2010: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: (M/F) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ T SHIRT SIZE: S M L XL

PHONE PM: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PHONE AM: \_\_\_\_\_  Yes, I want to receive NCM e news.

## PART #2 – RACE CHOICE

RACE:  Marathon  Half Marathon  5K

REGISTRATION FEES:

MARATHON	HALF MARATHON	5K
\$65 Until 11/27/09		
\$70 Until 02/20/10	\$50 Until 02/20/10	\$30
\$80 Until 03/16/10	\$60 Until 03/16/10	
\$90 Until 03/19/10	\$65 Until 03/19/10	

### REGISTRATION DISCOUNTS APPLY FOR THE FOLLOWING:

- UNITEDHEALTHCARE EMPLOYEE
  - US MILITARY
  - BB&T EMPLOYEE
  - GUILFORD COUNTY DSS EMPLOYEE
  - CITY OF HIGH POINT EMPLOYEE
- |                   |         |
|-------------------|---------|
| Marathon Fee      | \$52.50 |
| Half Marathon Fee | \$37.50 |
| 5K Fee            | \$22.50 |

Have you run a marathon or half marathon before?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ How Many \_\_\_\_\_  
 How many nights will you spend in High Point?  
 \_\_\_\_\_  
 How many people will be traveling with you? \_\_\_\_\_  
 Where will you be staying?  
 Friends \_\_\_\_\_ Family \_\_\_\_\_ Hotel \_\_\_\_\_ Other \_\_\_\_\_

## PART #3 – A STRONG FINISH FOR FOSTER CHILDREN

I want to finish strong in honor of the thousands of children and youth who are experiencing foster care in North Carolina. When you participate in ***A Strong Finish for Foster Children***, you're providing encouragement and hope for children who are growing up without the love, support, and direction a loving family provides. Visit [FFNC.org](http://FFNC.org) to learn more. All ***A Strong Finish Runners*** receive a complimentary pair of technical running socks with the tax deductible donation of \$25 to support Foster Friends of NC. Please circle your sock size: S M L XL

***A Strong Finish for Foster Children...***  
 Runners who choose to participate in "A Strong Finish" will receive special recognition on race day, a FREE pair of technical running socks, and the joy of knowing *their* strong finish made the difference in the life of a child experiencing foster care.

## PART #4 - RACE INFORMATION

- Packet Pick –SHOWPLACE, Friday, March 19, 2010 from 12 noon until 10:00 pm. No race day packet pick up for Marathon and Half Marathon participants who are not pre registered.
- No race day registration for Marathon & Half Marathon.
- Start / Finish Line – SHOWPLACE 211 East Commerce Avenue, High Point, NC 27260. Marathon Start: 8:00 am; Half Marathon Start 8:00 am; 5K 9:00 am
- Awards Ceremony for Marathon & Half Marathon, Start / Finish Line area, 12:00 Noon.
- No strollers, headphones are allowed on course. The course closes at 3:00 pm on race day.
- Baggage Check will be offered to all race participants at the Start Line area on race day.
- Post Race Celebration at Showplace! / Start / Finish Line area with food, fun, live entertainment, Live Healthy Exhibit and much more!
- Parking information will be available closer to the race date. Stay tuned to NCMARATHON.org for more information.
- Once your registration form is received and processed, you will be notified via email from our Race Director's office.
- Volunteers are needed and greatly appreciated. If you or anyone you know is interested, please log onto NCMARATHON.org for more info!

## MAIL CHECK, MONEY ORDER, OR CASH TO:

Foster Friends of North Carolina  
 PO Box 49605 ~ Greensboro, NC 27419  
 Phone 336.834.9919 / Fax 336.323.1366  
 NCMARATHON.org



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### PART #3 – EMERGENCY CONTACT & RACE WAIVER

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Race Waiver:

The undersigned Athlete on behalf of himself/herself and on behalf of the Athlete’s personal representatives, assigns, heirs, executors hereby fully and forever releases, waives, discharges, and covenants not to sue Foster Friends of North Carolina, City of High Point, Guilford County, UnitedHealthcare, VF Jeanswear, VF Corporation, Showplace, the race organizer, all other sponsors, all volunteers, staff, officers, directors, Kale Running, and all public or private agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies or individuals, including volunteers, for all claims, liabilities of any kind arising out of or related to my active or passive negligence of all or any of the releases or otherwise, in connection with my participation in this race.

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 agree to abide by any decision of a race official relative to my ability to safely complete the run. 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 and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive, release, and will hold harmless Foster Friends of North Carolina, City of High Point, Guilford County, United Healthcare, VF Jeanswear, VF Corporation, Showplace, the race organizer, all other sponsors, all volunteers, staff, officers, directors and Kale Running, 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 UnitedHealthcare NC Marathon, in their sole discretion, my delay or cancel the race or related activities for any reason. The Athlete hereby assumes all risks of loss, damage, or injury that may be sustained by him/her while participating in the UnitedHealthcare NC Marathon.

The participant agrees to the use of his/her name and photograph in all media and promotion efforts without compensation. The athlete acknowledges that the entry fee is non-refundable and non-transferable.

IF THE ATHLETE IS UNDER AGE 18: I, the undersigned parent/guardian, agree that my son/daughter has my permission to participate in the UnitedHealthcare NC Marathon; 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. I hereby authorize medical treatment for him/her and grant access to my child’s medical records as necessary. You must be at least 16 years old to participate in the UnitedHealthcare NC Marathon and at least 11 years to participate in the Half Marathon. There is no minimum age to participate in the 5K. Race Organizer’s request that children under the age of 11 be accompanied by an adult. The Race Organizers reserve the right to require proof of age. 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 Athlete.

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

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent / Guardian

\_\_\_\_\_  
 Date

*We accept: Visa Mastercard American Express*

Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder Signature:  
 \_\_\_\_\_

### RACE WEEK ACTIVITIES

**Friday the 19th Reception**

**With special guest**

**Charlie Engle: \$20**

*7pm at SHOWPLACE*

**Post Race Celebration Guest Fee: \$10**

*FREE to Registered Runners; Guest Tickets \$10*

*Includes access to Luncheon Tent & 2 Complimentary Beers (adults only)*

**Live Healthy Expo & Silent Auction FREE**

### PART #5: TOTAL PAYMENTS

**Race Fee:** \$ \_\_\_\_\_

**Friday the 19<sup>th</sup> Reception: \$20 each** \$ \_\_\_\_\_

*Friday, March 19th, 2010 SHOWPLACE*

**Post Race Celebration Guest Tickets** \$ \_\_\_\_\_

**A Strong Finish** Athlete Program \$ \_\_\_\_\_

\$10 Donation \$ \_\_\_\_\_

To Foster Friends \$ \_\_\_\_\_

*Benefits Children Experiencing Foster Care*

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Make Checks Payable to FFNC

Tax ID# 65-1253675

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