

RUN TO REMEMBER 5K

**Taylorsville, North Carolina
November 23, 2019 – 9:00am**

The 1st Annual Run to Remember 5K Run/ Walk will be held on Saturday, November 23, 2019 at Matheson Park in Taylorsville, North Carolina. In addition to the 5K Run/Walk, a Memorial Walk will be held in the park. Participants in the Memorial Walk will be asked to donate to Hospice of Alexander County. This event is sponsored by Hospice of Alexander County.

DATE/TIME: November 23, 2019 – 8:00 to 8:45am registration and race day packet pickups
9:00am 5K Run/Memorial Walk start

PLACE: The 5K Run/Memorial Walk starts and finishes at Matheson Park.

FEE: \$25 early registration fee if paid by November 15, 2019 (includes t-shirt). \$30 registration fee from November 16, 2019 to November 23, 2019 (includes t-shirt).

Runners/walkers can sign up any time in person Monday – Friday, 9:00am until 4:30pm at Hospice of Alexander County, 50 Lucy Echerd Lane, Taylorsville.

Checks should be made payable to Hospice of Alexander County and completed entry forms should be mailed to:

Hospice of Alexander County
50 Lucy Echerd Lane
Taylorsville, NC 28681

COURSE: Race course will be the reverse Apple Festival 5K course and will be posted at a later date.

AWARDS: Overall male and female awards will be presented to the 1st, 2nd, and 3rd place finishers. Masters awards will be presented to male and female over 40 for 1st, 2nd, and 3rd place. Grand Masters awards will be presented to male and female over 50 for 1st, 2nd, and 3rd place.

PACKET PICK-UP: Early race packet pick-up will be Friday, November 22, 2019 from 9:00am until 4:30pm at Hospice of Alexander County, 50 Lucy Echerd Lane, Taylorsville. Race day packet pick-up will be at the main picnic shelter at Matheson Park.

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Name (please print) _____ Age race day _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Running Club _____

Sex _____ Date of Birth _____ Shirt size (circle one) S M L XL XXL

Race Entry (select only one race): _____ 5K _____ Memorial Walk

Emergency Contact _____ Emergency Phone _____

Email Address _____

Waiver and release: I agree to save, release, and keep harmless Hospice of Alexander County, organizers, officials, participating sponsors, volunteers, and any other groups, agencies, or individuals involved with this event from all liability, claims, or demands for damages incurred by my participation in the Run to Remember 5K, Memorial Walk, or any of its related parts. I realize that participating in a race is a sometimes risky and potentially hazardous endeavor and I assume all responsibilities for my participating. I certify that I am properly trained, mentally fit, and medically able to participate in this event. I will not litter and I promise to have fun. I realize that the race director has the right to refuse any entry and that decisions rendered by the race director whether in participation or finish results will be final.

Signature (parent or guardian if under 18) _____ Date _____