

# SOUTHEASTERN CANCER CARE

## “Cures for the Colors”

### Individual 5k or 1 Mile Walk/Run

## Individual Registration Packet

### Saturday, May 6, 2017

Individual 5k - (timed) starts at 8 a.m.

100 Mile Team - (untimed) starts at 9 a.m.

1 Mile Walk/Run - (untimed) starts at 10 a.m.

The 5k course will start and end at Wayne Community College. All participants must complete the course by 12 noon. Snacks, refreshments and first aid will be provided along the route. A separate course will be set up for the 1 mile walk/run.

Individuals or teams can participate. Remember 16 participants completing the course 2 times equals a total of 100 miles. Medals will be given to all participants. Participants of the 1 mile walk/run will receive a t-shirt and participants of the Individual 5k or 100 mile team will receive a bag, t-shirt and other items.

**Registration information must be received by April 14, 2017 to ensure you receive a shirt in the size you order. After this date, shirts will be distributed from what is available.**

## Registration Fees:

**\$30 per participant for 5k Event (timed). Must be registered & checked in by 7 a.m.**

**\$30 per participant for 100 Mile Team**

**\$15 per participant for 1 Mile Walk/Run**

Registration can be accomplished on-line at [www.southeasterncancercare.org](http://www.southeasterncancercare.org).

Manual registration can be completed by returning the attached registration and liability waiver forms along with the registration fee to 203 Cox Blvd, Goldsboro, NC, 27534. **Please make checks payable to Southeastern Cancer Care.**

**Please remember this is a fundraiser and all participants are encouraged to get “per mile sponsors”.** “Per mile sponsors” can donate on our secure website at [www.southeasterncancercare.org](http://www.southeasterncancercare.org) using PayPal, via a team captain, or an individual participant. Checks should be made payable to Southeastern Cancer Care and mailed to 203 Cox Blvd, Goldsboro, NC 27534.

Please call (919) 587-9056 for additional information. All proceeds will be used to assist cancer patients in Eastern NC.

# **SOUTHEASTERN CANCER CARE**

## **“Cures for the Colors”**

### **Individual 5k or 1 Mile Walk/Run**

### **Course Directions**

Course will start on the Wayne Community College campus which is located at 3000 Wayne Memorial Drive.

Participants will follow a loop around Wayne Community College

Then turn left onto Wayne Memorial Drive

Then turn left into the service entrance of the Wayne Memorial Hospital

Then turn left at the end of the service road and go toward Cox Boulevard

Then turn right onto Clark Place (around the back side of Southeastern Medical Oncology Center)

Then go through the parking lot of the Goldsboro Orthopedics office

Continue onto McLamb Place

Then turn right onto Cox Boulevard (between Prime Care Physicians and Waynesborough Ophthalmology)

Then turn right onto Wayne Memorial Drive

Then turn right into Wayne Community College

Then go behind tennis courts and back to finish line

Stop at Finish Line

The amount of times you will need to complete this loop will depend on the event you are participating in:

1. 100 Mile Team (16 participants) will complete the course 2 times
2. Individual 5k will complete the course 1 time

Aid/Rest stations will be set-up at the finish line and at Southeastern Medical Oncology Center.

There will be a separate course set up on the Wayne Community College campus for those participating in the 1 mile walk/run.

A map will be available at [www.southeasterncancercare.org](http://www.southeasterncancercare.org).

# SOUTHEASTERN CANCER CARE

## “Cures for the Colors”

### Sponsor Sign-Up Sheet

Event date May 6, 2017

Team or Participant Name \_\_\_\_\_

Name & Phone #	Per Mile Sponsored Amount	Flat Sponsored Amount	Paid Amount

# Southeastern Cancer Care “Cures for the Colors”

**Deadline is April 14, 2017 to receive a shirt in the size of your choice.**

**REGISTRATION FORM (2017): Please check one**

**Individual 5k - \$30 (timed). Must be registered & checked in by 7 a.m. (t-shirt, bag and other items)**

**1 Mile Walk/Run - \$15 (untimed) (t-shirt only)**

<b>Name:</b>		
<b>Address:</b>	<b>Age</b>	<b>T-Shirt Size</b>
<b>Phone:</b>	<b>Email:</b>	

**SOUTHEASTERN CANCER CARE**  
**'Cures for the Colors'**

**Acknowledgement, Waiver and Release Liability Form**

**Saturday, May 6, 2017 Event**

**I ACKNOWLEDGE AND HEREBY ASSUME THE RISKS OF PARTICIPATING IN EITHER, THE TEAM OR INDIVIDUAL 5K OR THE 1 MILE FUN WALK/RUN.** I understand this event may be a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I certify that I am physically fit, have sufficiently trained for participating in this event(s), and have not been advised otherwise by a qualified medical person.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: 1) WAIVE, RELEASE, DISCHARGE AND AGREE NOT TO SUE, from any and all liability for my death, disability, personal injury, property damage, property theft or action of any kind which may hereafter occur to me as a result of my participation in, or my traveling to or from this event THE FOLLOWING PERSONS OR ENTITIES: event sponsors, race directors, Run The East LLC, event producers, event volunteers and all cities, counties, districts and/or states in which said events may be held or in which segments of said events may be run and its (their) officers, directors, employees, volunteers, representatives and agents; 2) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the Southeastern Cancer Care TEAM OR INDIVIDUAL 5K OR THE 1 MILE WALK/RUN.

I hereby consent to receive treatment in the event of my injury, accident and/or illness during this event. I understand that I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event producer(s), event sponsors(s) and or assigns.

Print Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent's Signature (If under age 18) Parent's Print Name

1. Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
2. Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please sign and fax to Lee Parrish at (919) 429-4316**