

2nd Annual Azalea Festival 5K Run/Walk

Saturday, April 19, 2008

Beverly M. Smith Scholarship Fundraiser
Sponsored by: Pickens Women's Association

What:

5K Run/Walk-Runners and Walkers of all age groups and abilities are welcome.

When:

Saturday, April 19, @ 8:00am

Where:

Pickens High School Parking Lot

Registration Entry Fee: \$15.00

(may qualify as tax-deductible donation; consult your tax professional) Entry Fee is non-transferable and non-refundable

Each participant will receive a T-Shirt with their registration

Course:

The race will begin and end at Pickens High School

T-Shirt Pickup & Registration:

Date: Friday, April 18

Location: Near Main Stage in Front of Court House

Time: 6:30-7:30pm

OR

Date: Saturday, April 19

Location: Pickens High School Parking Lot

Time: 7:15-7:45am

-----*Detach and Return*-----

Name _____ Age _____ Gender: Female Male
(First) (Last) (On Race Day)

Address _____
(Print) Street City State Zip Code

Phone _____ E-mail address _____

Race T-Shirt Size Small Medium Large Extra Large

PARTICIPATION AGREEMENT, ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY**Please Read Carefully:**

"I understand that running or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. By signing this form, I hereby affirm that I (or the participant, if under age 18), am medically and physically fit to compete in this event safely. I agree to participate in this activity only within my ability and skill level, and I further agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the course, all such risks being known and unknown by me. I also certify that I am covered by health insurance and I agree to assume all financial responsibility for medical treatment arising from participation in this event."

INSURANCE COMPANY: _____ POLICY HOLDER NAME: _____

MEDICAL EMERGENCY CONTACT: Name _____ Phone: _____

"I _____ (participant) HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Pickens Women's Association, Pickens High School, the Azalea Committee and all sponsors and their representatives, volunteers, officers, servants, agents and employees (hereinafter RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death that occurs as a result of my participation in the above-described activities. I agree to indemnify and hold harmless the above RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and my spouse, if I am alive, and my heirs assigns, and personal representatives, if I am deceased and shall be deemed a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of South Carolina.

Participants Signature

(Parent or Guardian if under 18)

Make Checks Payable to:

Pickens Women's Association

Mail to: Pickens Women's Association

106 Botany Court, Liberty SC 29657