

ROXBORO PHYSICAL THERAPY PRESENTS

Spooktacular

5 K RUN, 1 MILE WALK & KIDS DASH

SATURDAY, OCTOBER 25, 2014
MERRITT COMMONS, UPTOWN ROXBORO, NORTH CAROLINA
WWW.ROXBOROPT.COM/SPOOKTACULAR • 336.322.5335

RACE REGISTRATION FORM

Full Name: _____ Phone: _____

Email (Required for Registration Confirmation): _____

City/State/Zip: _____ Gender: Male Female Age on Event Day: _____

Give the proceeds from my registration to (Name of School): _____

Preferred T-Shirt Size: No T-Shirt YOUTH: S M L ADULT: S M L XL 2XL 3XL

Registration Options (Check ONE)	Early Bird Through Aug. 31 st	Pre-Registration Sep. 1 st – Oct. 20 th	Registration October 25 th
Adults (Ages 13 and up)			
5k Run – Run and/or walk the timed 5k course. Eligible for awards. Free t-shirt while supplies last.	<input type="checkbox"/> \$20	<input type="checkbox"/> \$22	<input type="checkbox"/> \$25
1 Mile Walk – Walk the untimed 1 mile course. Free t-shirt while supplies last.	<input type="checkbox"/> \$15	<input type="checkbox"/> \$17	<input type="checkbox"/> \$20
Kids (Ages 12 and under)			
5k Run – Run and/or walk the timed 5k course. Eligible for awards. Free t-shirt while supplies last.	<input type="checkbox"/> \$9	<input type="checkbox"/> \$12	<input type="checkbox"/> \$15
1 Mile Walk – Walk the untimed 1 mile course. Free t-shirt while supplies last.	<input type="checkbox"/> \$8	<input type="checkbox"/> \$9	<input type="checkbox"/> \$10
Kids Dash – Run and/or walk the timed 1 mile course. Eligible for awards. Free t-shirt while supplies last. May also run/walk with an adult in the 5k run or 1 mile walk for no additional cost.	<input type="checkbox"/> \$9	<input type="checkbox"/> \$12	<input type="checkbox"/> \$15
Ghost Runners (All Ages)			
Ghost Runner – If you are unable to attend and/or participate in the run/walk, then you can still support the event as a Ghost Runner. Free t-shirt while supplies last.	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20

Payment Method: Cash Check # _____ made payable to "Spooktacular Run/Walk"

WAIVER: I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I, for myself and my heirs and executors, hereby waive, release and forever discharge the race directors, the Spooktacular Run/Walk, the City of Roxboro, Person County, the State of North Carolina, Accelerated Care, Inc. DBA Roxboro Physical Therapy, all of the event organizers and sponsors and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs and records of this event.

Signature of Participant or Parent/Legal Guardian: _____

If Participant is a Minor: Name of Parent/Legal Guardian: _____

FOR OFFICE USE ONLY: Form Rcvd Pmnt Rcvd Pmnt Deposited Pmnt Recorded Registration Confirmed