



Run for the Ribbons

Saturday, April 16, 2016

9:30 a.m. – Family Fun 1K ~ 10 a.m. – 5K

Discovery Place KIDS ~ 233 E. Washington Street ~ Rockingham

(Race registration includes FREE admission to Discovery Place KIDS on the day of the race)

Run for the Ribbons 5K and Family Fun 1K kicks off SpringFest at the Rock, a collaboration among the Richmond Memorial Hospital Foundation, Discovery Place KIDS Rockingham, City of Rockingham and Richmond County Tourism. Proceeds from the race will equally support the Discovery Place KIDS and the Richmond Memorial Hospital Foundation to support the health needs in the community including assistance with patient transportation, medical equipment and supplies, inspiring exercise and healthy nutrition to decrease childhood obesity rates in Richmond County, and providing education and screening to help reduce the morbidity rates in Richmond County from heart disease and lung cancer.

All registered runners/walkers (18 and older) will be automatically entered into a drawing for door prizes. Names will be drawn after the awards ceremony. Door prizes include a week-long beach trip, a membership to FirstHealth Fitness, a one-year membership to Discovery Place KIDS-Rockingham, an autographed photo of Bucky Covington (from American Idol 5th season), and other prizes.

Packet pickup is Friday, April 15, from 5-7 p.m. at Discovery Place KIDS-Rockingham – or 7 a.m. race day at the registration tent. For updated information, please visit our Facebook page or www.firsthealth.org/ribbons.



Registration Form

Pre-Registration Deadline: **April 12, 2016**

Each runner/walker must submit a separate form with entry fees. Please complete the registration form, sign the waiver, and mail to: Run for the Ribbons, The Foundation of FirstHealth, 150 Applecross Road, Pinehurst, NC 28374.

Registration is also accepted online at www.active.com

5K Fee: \$30 pre-registration through April 12, 2016 – **add \$5** after April 12, 2016

1K Fee: \$15 pre-registration through race day

SEX: M F Adult T-Shirt Size: S M L XL XXL

FAMILY FUN 1K Team Name

Youth T-Shirt Size: S M L

Name: _____ Age (as of race day): _____

Phone: _____ Email Address: _____ Date of Birth: _____

Address: _____ City, State, ZIP: _____

I would like to participate: in honor of _____ or in memory of _____

I would like to support Run for the Ribbons with an additional donation of: \$5 \$10 \$20 \$50 \$100 other \$ _____

Payment: check (made to Foundation of FirstHealth) or credit card (fill out below) Visa American Express Master Card Discover

Credit Card Number: _____ Exp Date: _____ Verification Code _____

Name on Card _____ Billing Phone: _____ Billing Address/City/State/ZIP _____

WAIVER AND RELEASE: I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by and decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to falls; contact with other participants; the effects of weather, including heat or humidity; the condition 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 and release The Foundation of FirstHealth, Discovery Place KIDS, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have, or that might accrue against The Foundation of FirstHealth, Discovery Place KIDS, and their agencies, officers, and employees for any and all injuries suffered by me in said event.

Signature (required)

Date

Parent Signature (if participant is under 18 years of age)