

1in8k RUN FOR MOORE

Supporting the
Foundation's Cancer
CARE Fund and
Moore Free &
Charitable
Clinic Mammography
Scholarships



Sat., Oct. 10 - Sun., Oct., 18, 2020

All paid registrations are eligible for prize drawings.
Please log your race time and photos on our 1in8K
Facebook page or email to 1in8KVirtual@firsthealth.org

Registration is also accepted online at runsignup.com (search 1in8k Run for Moore).

THE FOUNDATION
of
FirstHealth



8K Run/Walk _____

Do you wish to Register as a Breast Cancer Survivor? No _____ Yes _____

Adult T-Shirt Size: (Circle One) S M L XL XXL

Youth T-Shirt Size: (Circle One) S M L

Name: _____ Age (as of 10/10/20): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Registration Fee: 8K Run/Walk - \$25 FirstHealth Employee - \$20 FirstHealth Dept. Name _____

Payment: Check (payable 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: _____

Mail to: The Foundation of FirstHealth – 150 Applecross Road, Pinehurst, NC 28374

T-shirt Pick-up – October 8 and October 9 from 2 to 8 p.m.:

FirstHealth Fitness – Pinehurst located at 170 Memorial Drive, Pinehurst, NC 28374

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 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, and their agencies, officers, and employees for any and all injuries suffered by me in said event.

Signature of Participant or Legal Guardian (if under 18): _____ Date: _____