

# RESOLUTION RACE 2016 RACE REGISTRATION



**Resolution Race 2016**  
**Saturday, February 6, 2016**  
**554 Pinewood Rd, Sumter, SC 29154**  
Rain or Shine Event (No Refunds)



Please print clearly:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone

Gender: M \_\_\_\_ F \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day: \_\_\_\_\_

Circle Your Race Category: 5K Run 5K Walk One Mile Walk/Run

Circle Shirt Size- Adult: S M L XL 2XL Youth: YS YM YL

Circle Age Division: 9 & Younger 10- 14 15-19 20-29 30-39 40-49 50-59 60 & Over

Race Entry Fee:	
____ Prior to 12/31/15	\$20.00
____ Prior to 01/20/16	\$25.00
____ Race Day 02/6/16	\$30.00
____ One Mile Walk/Run	\$10.00
(Shirt not included)	

**\*\*\* Must be registered by January 20, 2016 to be guaranteed a race t-shirt. \*\*\***

Awards will be presented according to age brackets, after the conclusion of the races.

**RACE WILL BE HELD RAIN OR SHINE. REFRESHMENTS WILL BE PROVIDED**

Race packets can be picked up Friday, February 5, 2016, at Westside Christian Academy between the hours of 8 am and 5 pm, or at registration table on race day. Event Registration will begin at 8:00 am on day of race, February 6, 2016. The one mile run/walk will begin at 9:00 am and the 5K Race will begin 9:30 am. For additional information, please call Erin Ames at 803-840-4633 or Christine LeBrun at 803-406-9088.

LIABILITY WAIVER & RELEASE Upon acceptance of my entry, I, for myself, my heirs & assigns, hereby release sponsors & officials of the race from any and all liability arising from illness, injury, or death I may suffer as result of my participation in these events. I attest I am physically fit and have sufficiently trained in these events and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of these events would be injurious to my health, I consent to be removed and treated by medical professionals' attendance or of their direction. I also consent to my removal in the event that I violate the prohibition of strollers, bikes, skates, or other wheeled devices or if I in any way endanger the safety of others. I give permission for free use of my name and picture in any broadcast, telecast, or written account of this event. I understand that this entry fee is NON-REFUNDABLE.

\_\_\_\_\_  
Signature of Participant or GUARDIAN (if under 18)

\_\_\_\_\_  
Date

Please make checks payable to **Westside Christian Academy**.