



LRA 5K Race Entry Form

March 3, 2012 11:00 AM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Age on Race Day: _____ First Time LRA 5K Entrant ____ Yes ____ No

RRR Member ____ Yes ____ No

Cell Phone #: _____

Entry Fee Paid with this entry _____

\$30 before February 26, 2012

\$40 Race Day

RRR Members: \$20 before February 26, 2012

\$30 Race Day

Waiver:

In exchange for my entrance into the LRA 5K, I hereby hold harmless and indemnify the Lumberton Radiological Associates, the Robeson Road Runners organization, the City of Lumberton and all affiliated persons, including but not limited to, members, sponsors, partners and board members. I understand that there are risks associated with participation in road races, and I fully acknowledge that any injury or illness associated with my participation in the LRA 5K is solely my responsibility. I also give permission for the free use of my name and photo in any news coverage or publicity of subsequent events.

Signed

Date

Parent's Signature (if under 18 years of age)

Date

Please mail this form and entry fee, payable to the Robeson Road Runners to:
PO Box 473, Lumberton, NC 28359.