



# A Cool 5 Race Weekend Registration Form

## Benefit for Beech Mountain Parks & Recreation

Complete and Submit to:  
 Beech Mountain Parks & Recreation  
 206 Grassy Gap Creek Rd.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size:  Small  Medium  Large  XL      Age: \_\_\_\_\_

Event:  5 Mile  1.5 Mile Fun Run/Walk (Race Entry is \$30.00)

I am attending the \$6.00 pasta dinner on Friday, June 11th, 2010:  Yes  No

I would like to order an additional shirt for \$15.00:  Yes  No    Qty: \_\_\_\_\_  S  M  L  XL

I would like to order additional DeFeet socks for \$10.00:  Yes  No    Qty: \_\_\_\_\_

I would like to make an in kind donation to Beech Mountain Parks & Recreation in the amount of \$ \_\_\_\_\_

Would you like information about lodging discounts, dining discounts, area attractions, and recreational opportunities on Beech Mountain?  Yes  No    Best form of Contact:  Email  Physical Mail

Please make checks payable to Town of Beech Mountain, Memo: A Cool 5 Race Registration

Total Amount enclosed: \$ \_\_\_\_\_

### Assumption of Liability

I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. I further understand that the Town of Beech Mountain and it's employees, officers, volunteers and sponsors are not liable for any injuries that may result from participating in this recreational program. I also release Woodland Meadows POA Inc, Beech Mountain Resorts Inc., Emerald Mountain Inc., and Emerald Opportunities Inc. from any liability pursuit to this activity. The Town of Beech Mountain recommends that participants secure adequate medical insurance to cover any injuries that may arise from participation in the Town of Beech Mountain recreational programs. I agree that photos taken of me during this event may be used by the Town of Beech Mountain. This event will occur rain or shine and is non-refundable.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature if participant is a Minor \_\_\_\_\_ Date \_\_\_\_\_