

LMC EMPLOYEE REGISTRATION & ATHLETE'S RELEASE



RACE DAY: NOVEMBER 3, 2012 • COLUMBIA, SOUTH CAROLINA

No excuses. No fees. Participation is FREE for all LMC employees.



ATHLETE'S RELEASE:

In consideration of the acceptance of the entry, I hereby, for myself, my heirs, executors, administrators and assigns, release and discharge the sponsors and operators of the Lexington Medical Center Governor's Cup Events and their agents and employees from any and all claims for damages suffered by me as the results of my participation in or traveling to or from said event. I specifically release and discharge said operators and sponsors from all injuries or damages arising from or contributed to by any physical impairment or defect I may have. Whether latent or patient, and agree that they are under no obligation to provide a physical examination or other evidence of my fitness to participate in such event, the same being my sole responsibility. Participants are also subjected to USATF Rules and AAF Rule 144. I understand that I am voluntarily participating in the Lexington Medical Center Governor's Cup at my own risk and at my own request. I also give permission for the free use of my name, picture and voice at any broadcast, telecast, print account or any other account in any medium of this event. I understand that bicycles, in-line skates, skateboards, and scooters are not permitted. I have read and agree to abide by Lexington Medical Center Governor's Cup Rules as printed below.

Participant's Signature or Parent's Signature (if under 18).

Participant: Male Female

Please Print Clearly:

Name (First, Last) _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

Participant's Age on 11/3/12: _____ Birthday: _____

LMC Department Name: _____

Please specify event participating in:

Half-Marathon 8K Run 4-Mile Walk

Adult T-Shirt Size:

Please Check One

Sm M L XL XXL

REGISTRATION MUST BE RECEIVED NO LATER THAN FRIDAY, OCTOBER 19, 2012!

Send completed registration form to Amanda Castles at Health Directions via interoffice mail.