



*Sponsored by Son's Light Ministries Inc.*

**WHEN:** Saturday – September 4, 2010  
 9:00 AM

**WHERE:** Greenway Trail at Watauga  
 Watauga County Recreation  
 Complex

**ENTRY:** \$10.00 donation to Son's  
 Light Ministries  
 \$15.00 donation includes a  
 t- shirt

(You must pre-register by August 23 if you  
 would like a t-shirt.)

**AWARDS:** Top three female and male  
 overall and age groups three deep:  
 male and female: (0-19, 20-29, 30-39, 40-49,  
 50-59, 60+)

\*\*\* RACE DAY REGISTRATION WILL  
 BE FROM 7:30 – 8:30 AM \*\*\*

**For More Information:** Contact Dawn or  
 David Ward at (828) 264-2007,  
 E-mail: [info@sonslightministries.com](mailto:info@sonslightministries.com), or  
 go to: [www.sonslightministries.com](http://www.sonslightministries.com).

**INSURANCE WAIVER**

I KNOW THAT RUNNING AND VOLUNTEERING TO  
 WORK IN RACES ARE POTENTIALLY HAZARDOUS  
 ACTIVITIES. I SHOULD NOT ENTER AND RUN IN THESE  
 ACTIVITIES UNLESS I AM MEDICALLY ABLE AND  
 PROPERLY TRAINED. I AGREE TO ABIDE BY ANY  
 DECISION OF A RACE OFFICIAL RELATIVE TO MY  
 ABILITY TO SAFELY COMPLETE THE RUN. I ASSUME  
 ALL RISKS ASSOCIATED WITH RUNNING AND  
 VOLUNTEERING TO WORK IN THIS RACE INCLUDING,  
 BUT NOT LIMITED TO, FALLS, CONTACT WITH OTHER  
 PARTICIPANTS, THE EFFECTS OF THE WEATHER,  
 INCLUDING HIGH HEAT OR HUMIDITY, ALL SUCH  
 RISKS BEING KNOWN AND APPRECIATED BY ME.  
 HAVING READ THIS WAIVER AND KNOWING THESE  
 FACTS AND IN CONSIDERATION OF YOUR ACCEPTANCE  
 OF MY APPLICATION FOR PARTICIPATION, I, FOR  
 MYSELF, AND ANYONE ENTITLED TO ACT ON MY  
 BEHALF, WAIVE AND RELEASE SON'S LIGHT  
 MINISTRIES INC., BOONE, NORTH CAROLINA, THE  
 TOWN OF BOONE, NORTH CAROLINA, THE PARKS AND  
 RECREATION DEPARTMENT OF WATAUGA COUNTY,  
 AND ALL SPONSORS, THEIR REPRESENTATIVES AND  
 SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF  
 ANY KIND ARISING OUT OF MY PARTICIPATION IN  
 THESE ACTIVITIES, EVEN THOUGH THAT LIABILITY  
 MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS  
 ON THE PART OF THE PERSON NAMED IN THIS WAIVER.  
 STROLLERS ARE NOT PERMITTED.

**PRINT NAME (GUARDIAN IF UNDER  
 18)**

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE** \_\_\_\_\_

**PERSONAL INFORMATION**

**NAME** \_\_\_\_\_

**AGE (as of 9-4-10)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:**  
 (h) \_\_\_\_\_

(w) \_\_\_\_\_

(c) \_\_\_\_\_

**E-mail** \_\_\_\_\_

**GENDER** \_\_\_\_\_

**T-SHIRT: (please circle your size)**

**YS YM YL S M L XL XXL**

*Please detach and mail insurance waiver,  
 personal information, and entry to: Son's  
 Light Ministries Inc., PO BOX 2585, Boone,  
 NC 28607*