



*Sponsored by Son's Light Ministries Inc.*

**WHEN:** Saturday – September 3, 2011  
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 22 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 9-3-11) \_\_\_\_\_

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*