

Sports Medicine Challenge Waiver

1. In consideration of the acceptance of this entry, I hereby, for my heirs, executors, administrators and assigns, release and discharge the sponsors and operators of the McLeod Sports Medicine Challenge Run/Walk and their agents and employees from any and all claims for damages suffered by me as the result of my participation in or traveling to or from the said event to be held on March 15, 2014. 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 patent, 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. I also give my permission for the free use of my name and picture in any broadcast, telecast or other written account of the event.
2. I have been informed that I should consult with a physician concerning my participation in an exercise program and obtain from a physician, advice as how I should participate in relationship to my state of physical condition. I have also been informed that I should periodically update my state of physical condition with a physician. I either have obtained such advice from a physician or acknowledge that I have decided to participate in exercise programs without obtaining the advice of a physician.
3. I understand that the waiver and Release of Liability above stated is broad terms. If portions of this Waiver and Release of Liability are held invalid, the remainder will continue in effect.
4. I have read this Waiver and Release of Liability and understand the rights I am giving up by signing it.

Participant's Signature

Date

If under 18, Parent or Guardian's Signature

Date

Geoffrey Kier Memorial Sponsors

The Family of Geoffrey Kier

McLeod

Physician Associates



**Pee Dee
Orthopaedic
Associates**
Pee Dee Spine Center

**FLORENCE
Red Wolves**



Stefano's
A Taste of Italy



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and Sports Medicine



@McLeodHealth

www.McLeodSportsMedicine.org



March 15, 2014

**Briggs Elementary School
1012 Congaree Drive
Florence, SC 29501**

Pee Dee Grand Prix Event

McLeod Sports Medicine Challenge

Schedule

7:30 a.m. – 8:30 a.m. Registration
9:00 a.m. 10K Run
9:05 a.m. 5K Run/Walk
9:10 a.m. 1 Mile Family Fun Run
10:30 a.m. Scholarship Ceremony
10:45 a.m. Awards Ceremony
11:00 a.m. Post Race Pasta (Stefano's)

Race Day Registration

Bib and T-Shirt pick-up on race day:
7:30am-8:30am
Race day registration: \$25.

*T-shirt sizes cannot be guaranteed for registrations received the day of event.

Awards

Awards given to overall top 3 Males and top 3 Females. Medals will be awarded for the top 3 in each age division. Must be present to receive awards or make prior arrangements with race director.

Overall prizes are valued at:
1st Place \$100 2nd Place \$50 3rd Place \$25

\$100 Cash bonus for a new male or female course record

Timing

Race timing and technical direction managed by Greg Elmore and Carolina Running Company

Entry Fees

All 5K and 10K entries receive a race t-shirt

Pre-Registration \$20

Race Day Registration \$25

McLeod Employee \$17

Military Personnel \$17

Track/XC Athlete \$17

Member of Florence Track Club \$17

**All proceeds benefit the Geoffrey Kier Memorial Scholarship Fund*

Pre-Registration

Pre-Registration Deadline: March 7, 2014

Pre-Registration can be done one of two ways:

1. Mail attached registration form to:
McLeod Sports Medicine Challenge
PO Box 100551
Florence, SC 29501-0551
2. Register Online at :
www.carolinarunningcompany.com

*** Additional copies of race brochure can be found at**
www.McLeodSportsMedicine.org

Family Fun Run

The Family Fun Run is a 1 mile course which is untimed. Pre-Registration is not required. Cost is \$5 for an individual and \$10 per family. Family Fun Run is still pet-friendly.

* T-Shirt not included

Course Information

The course is USATF certified and is designed for both competitive and recreational runners and walkers. It is completely shaded and paved with low, rolling hills making up the middle third of the course.

Race USATF Certification: 10K - SC12001DW
5K - SC12002DW

Registration Form

Name _____

Address _____

City/State/Zip _____

Phone _____

E-Mail _____

Date of Birth _____ Age _____

Amount Enclosed: \$ _____

Division (Please Select One):

- 5K Walk/Run 5K Wheelchair
 10K Run 10K Wheelchair
 1 Mile Fun Run

Age Group:

- 13 & Under 40 - 44
 14 - 19 45 - 49
 20 - 24 50 - 54
 25 - 29 55 - 59
 30 - 34 60 - 64
 35 - 39 65 plus

Gender: Male Female

T-Shirt Size: _____

McLeod Employee ID #: _____

Military Personnel: Yes No