

Entry Form (Please print clearly.)

Name (First, Last) _____

Address _____

City, State, Zip _____

Phone _____

E-mail address** _____

Age on 5/1/10 _____ Birthdate _____

E-mail address** _____

****You must provide an e-mail address to receive timely e-mail updates.**

Select Event

- Five-mile run\$30 (\$35 after March 26, \$45 the day of the event)
 Three-mile walk.....\$30 (\$35 after March 26, \$45 the day of the event)
 Five-mile walk\$30 (\$35 after March 26, \$45 the day of the event)

Save a few trees and save a few bucks! Register online at www.HeartandSoleRun.com or www.HeartandSoleWalk.com.

Participants who preregister receive a commemorative tank top designed especially for women. Women's cotton blend tank tops are not guaranteed to late registrants.

(Check one.) Size: S M L
 XL 2X 3X (subject to availability)

Total Enclosed \$ _____ *All fees are non-refundable.*

Preregistration applications must be postmarked by March 26, 2010.

Make checks payable to:

Carolina Marathon Association
PO Box 5092
Columbia, SC 29250
(803) 731-2100

Is this your first-ever 5-mile run or walk? Yes No

Is this your first-ever 3-mile walk? Yes No

Have you participated every year (since 2002)? Yes No

I would like to receive periodic e-mail health updates from Providence Heart Institute. *Please include e-mail address above.*



WOMEN'S FIVE MILER

Finlay Park
Columbia, SC
May 1, 2010

For Groups Only

Special rate for groups of seven or more women. Group registration is \$25 each — a savings of \$5 per entry! Discount available only for entries postmarked by March 26. Please complete and submit separate forms for each woman, and include check or checks totaling the proper amount. **All entries must be enclosed in one package.**

New! Online registration for groups! Save money and register online!

Please identify **one** contact person for your group so that registration can be processed under this person's name. The group name can be an employer, organization, club or any identifier you wish to use to make packet pick-up more efficient for your group. Please let everyone in your group know your designated contact person and group name.

Group Contact Person: Name _____

Contact Phone Number _____

E-mail Address _____

Group Name _____

Number of entries in group _____

Athlete's Release

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, release and discharge the sponsors and operators of the Providence Heart & Sole Women's Five Miler 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 event, to be held on May 1, 2010. 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 potent, 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 subject to drug testing are expected to comply with all USATF road racing rules and will be held accountable for violations. Participants are also subject to USATF Rules and IAAF Rule 144. I understand that I am voluntarily participating in the Providence Heart & Sole Women's Five Miler 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.

Athlete's Signature (or Parent's Signature if under 18)

Emergency Contact and Phone