



9th ANNUAL STAMPEDE 5K AND SPORTS FUN DAY

Saturday, April 25, 2020

5K @ 10:00 (rain or shine)

Sports Fun Day from 9:00-11:30

Primary Registrant _____
Address _____
City _____ State _____ Zip _____
Email _____ Phone _____
Emergency Contact _____
Age on Race Day _____ Date of Birth _____ Sex M / F
Shirt Size Adult: S M L XL Youth: M

Additional Runners at same address and same emergency contact

(If necessary, we will contact you through the email or phone above)

Name	Age on Race Day	Date of Birth	Sex (M/F)	Shirt Size (if not indicated, Adult Large provided)
				Adult: S M L XL; Youth: M
				Adult: S M L XL; Youth: M
				Adult: S M L XL; Youth: M
				Adult: S M L XL; Youth: M

Must mark shirt size and register by 3/20 to ensure your specific size is available

Runner bags provided to first 150 registrants

QUESTIONS? Stampedeclub5k@gmail.com

Category	Early Registrant (before March 15)	Regular Registrant (on or after March 15)	Total
Adult (non WCPSS employee)	\$30 x _____	\$35 x _____	_____
WCPSS student, employee or <18 yrs	\$20 x _____	\$25 x _____	_____
		TOTAL	_____

Ways to Register

FSseries.com (credit); **Race Day Registration:** April 25, 2020 8:30 to 9:45 (cash/checks/credit); **In school registration days** TBD; **Mail** form and checks payable to Middle Creek Stampede Club to Middle Creek Stampede Club 5K Chair; 123 Middle Creek Park Avenue; Apex, North Carolina 27539 (receive by March 15)

Stampede 5K Waiver

As a participant in the 5K, I, for myself, my executor, administrator, and assigns, do hereby release and discharge the Town of Cary, Town of Apex, FS Series, Middle Creek High School, the MCHS Stampede Club, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of injury, damage, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation in the event. I give the MCHS Stampede Club full permission for the use of my name and photographs. I understand that the entry fee is not refundable. I also give my full permission for such first aid as is deemed necessary to be provided to me on the premises or prior to transport to a medical facility for further treatment. As a participant, I certify that all information provided is accurate and complete.

Signature _____

Date _____

Parent or Guardian (if participant is under 18 years of age) _____

Date _____



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