

WAIVER: I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision relative to my ability to safely complete the run. I assume all risks associated with running or in any event related to the Scotland Memorial Foundation FUNd Run-4-Life on April 17, 2010, including but not limited to falls, contacts with other participants, the effects of the weather, including high heat and humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this release and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to on my behalf, waive and release Scotland Health Care System, its officers, trustees and employees and any or all sponsors, supporters and contributors of the run, and their officers, directors, trustees, employees agents, and any persons assisting with the run, and their successors from all claims or liabilities of any kind arising out of my participation in the running event through the liability may arise out of negligence or carelessness on the part of the persons referred to in this waiver. I also grant permission for the use of any photographs, motion pictures, recordings, or any other record of my participation in this event for any legitimate purpose. In the event that this race cannot be held on April 17, 2010, due to circumstances beyond the control of the race committee and sponsors, e.g. unsafe weather conditions, the race will be cancelled and will not be scheduled for another date this year. Since the majority of the cost of the run, such as entry forms, advertising, and awards, occur prior to the run, entry fees cannot be refunded.

I hereby certify that I am eighteen (18) years of age or older; I have read this document; and I understand its contents.

Printed Name: _____

Signature: _____ Date: _____

If applicant is under the age of 18 years of age, the parents or guardians must execute, in addition to the standard waiver above, the following waiver and consent.

PARENT/GUARDIAN WAIVER – FOR MINOR:

The undersigned, _____ (parent/guardian of _____) does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all parties herein named on this form and releases from all liability, loss, cost, claim, or damage whatsoever that may be imposed upon said parties because of any defect in or lack of such capacity to so act and release such parties on behalf of _____ (child's name) and myself. I hereby expressly grant permission for my child/ward to participate in this run with the full risks and possibility of loss or injury as set forth above.

Parent/Guardian: _____ Date: _____

CONSENT TO MEDICAL TREATMENT OF MINOR:

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at this event.

Printed Name: _____

Signature: _____ Date: _____



APRIL 17, 2010



Scotland Memorial Hospital, Laurinburg, NC

**Scotland Memorial Foundation
6th Annual**

**FUNd
RUN-4-LIFE**

Presented by

Carolinus HealthCare System
Uncompromising Excellence. Commitment to Care.

2010 Scotland Memorial Foundation FUNd Run-4-Life

On **Saturday, April 17, 2010** runners, walkers, and community members from all around our region will participate in the **6th Annual Scotland Memorial Foundation FUNd Run-4-Life** which includes the perennial favorite 5K run/walk, the ever-popular 1-mile fun run/walk, and a new 10-mile course for our really serious runners! This is an exciting event for all community members, first-time runners, seasoned athletes, children, or those who just want to walk for their health.

Friday, April 16th

Community Health & Rehabilitation Center, Scotland Memorial Hospital Campus

Packet Pickup – 4:30 – 5:30 p.m.

Pasta Party – 6:00 p.m.

Cost: Adults – \$5.00; 18 and under – Free

Bring out the entire family Friday evening before the event to the WR Dulin Conference Center in the Community Health and Rehabilitation Center, to enjoy a pasta party to celebrate all of our runners. Enjoy the sounds of local entertainment.

Saturday, April 17th

Community Health & Rehabilitation Center, Scotland Memorial Hospital Campus

Late Registration – 7:30 – 8:30 a.m.

10-Mile Run – 9:00 a.m.

\$25 before April 2, 2010; \$30 beginning April 3, 2010

Up for a challenge! Try our new 10-Mile course and embark on a journey around the Scotland Memorial Hospital, a beautiful scenic tour through St. Andrews Presbyterian College campus, and Scotia Village.

5K Run/Walk – 9:00 a.m.

\$15 before April 2, 2010; \$20 beginning April 3, 2010

Race, run, jog, walk, or stroll . . . this event is for everyone! Not ready for the 10-mile, try our 5K course that winds through the scenic St. Andrews Presbyterian College campus and Scotland Memorial Hospital campus.

1-Mile Fun Walk – 9:00 a.m.

FREE and fun for the entire family! Enjoy a beautiful view as you walk, run, or just stroll around the hospital campus.

Awards Presented at 11:30 a.m. - Results provided by BTR Management Medals will be awarded to top finishers in all age categories.

Course Flat, fast, and scenic with long straight-aways Water Stations will be provided along course

Timing All courses are USATF certified by our professional race timing company who will be onsite to manage the start and finish for each race.

Directions From Highway 74 Bypass – Exit onto 501 South (Caledonia Road). Turn onto Highway 501 and proceed to the first road on the right, Lauchwood Drive. Proceed through the next intersection and the hospital will be on the right about 1/8 mile. Turn right into the main entrance, the Community Health and Rehabilitation Center is on your right.

The FUNd Run-4-Life is one of the events sponsored by Scotland Memorial Foundation to raise money to improve the health of the community. This year proceeds will go to support three important programs and services within the Scotland Health Care System: The Compassionate Care Fund, The Patient and Family Travel Fund and The Diabetes Education Fund.

For more information, contact Scotland Memorial Foundation at:

910-291-7543

renee.collins@scotlandhealth.org

or visit the Foundation page at: www.scotlandhealth.org



REGISTRATION FORM

Make Checks Payable to: **SCOTLAND MEMORIAL FOUNDATION, INC.**

MAIL TO: 500 Lauchwood Drive, Laurinburg, NC 28352

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Gender: Male Female Date of birth: _____ Age on day of race: _____

Age Groups: 14 & Under 15-19 20-29 30-39 40-49 50-59 60-69 70+

Emergency Contact: _____ Emergency Phone: _____

ENTRY FEE:

- 1 Mile FUNd Run/Walk – FREE \$ _____
- 5K Walk/Run – (\$15/\$20*) \$ _____
- 10 Mile Run – (\$25/\$30*) \$ _____
- Pasta Party – Adults \$5; 18 and under Free \$ _____
- Finish Line Photo – (\$10) \$ _____

Total Enclosed \$ _____ *After April 2, 2010

T-shirts available for registrations received by **April 2, 2010**.

After April 2, 2010, there will be a limited supply.

Please Check Size: (S) (M) (L) (XL) (XXL)

How did you find out about the Scotland Memorial FUNd Run-4-Life?

Radio Newspaper Magazine Internet Employees Other

I am unable to attend but would like to make a donation to the Scotland Memorial Foundation FUNd Run-4-Life in the amount of \$ _____.

Participant's signature: _____

Parent/Guardian's signature: (if under 18) _____

PROCEEDS WILL GO TO THE MANY PROGRAMS AND SERVICES SUPPORTED BY SCOTLAND MEMORIAL FOUNDATION.



To register online visit the Foundation page at:
www.scotlandhealth.org