

Pirate Nurse 5K

Supporting the ECU Nursing Senior Class &
the Linda Pynn Nurse Practitioner Scholarship

REGISTRATION FORM

Name _____

Address _____

City/State/Zip _____

E-mail _____

Phone _____

Gender: Male Female

T-shirt Size: (circle one) S M L XL

Age on race Day: _____ Date of Birth: _____

Fees for race or Fun run:

Registration for current students of ECU \$10.00

Registration for all others \$20.00

Additional donation to the
East Carolina University College of Nursing

Senior Class Fund \$ _____

Linda Pynn Nurse Practitioner Scholarship \$ _____

Other \$ _____

TOTAL ENCLOSED \$ _____

Check one:

Check [made payable to ECU College of Nursing]

Credit Card (AMEX, MC, VISA)

Card number _____

Expiration date _____

Signature _____

Mail form and payment to:

ECU College of Nursing

525 Moye Blvd

Greenville, NC 27858

or fax to 252-744-3261

or scan and email to alexanderma@ecu.edu

RACE WAIVER

I know that running a road race 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 of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the Pirate Nurse 5K on Saturday, April 6, 2013, including, but not limited to falls, contacts with other participants, the effects of the weather, including high heat and/or humidity, low temperature, traffic and conditions of the road, all 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 act in my behalf or on behalf of my estate, waive and release the Pirate Nurse 5K, the East Carolina University College of Nursing, the City of Greenville, all sponsors of the race, agents, servants, volunteers, and their successors and assigns of each and every of the above from all claims or liabilities of any kind arising out of my participation in the race even though 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, recording, or any other record of my participation in this event for any legitimate purpose. I understand that if the race is canceled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to unsafe weather conditions or governmental ban, my entry fee will not be refunded.

SAFETY NOTICE

For the safety of all the runners, we must prohibit bicycles, roller skates, rollerblades, and all other wheeled vehicles (except wheelchairs) from the Pirate Nurse 5K. We also consider the use of headphones in running events to be a safety hazard, and we must ask that headphones/ear buds not be worn during the race. Pets are not permitted.

By signing below I agree that I have read and understand the race Waiver and Safety Notice.

Signature of Participant _____ Date _____

If under 18:

Authorization of Parent/Guardian _____ Date _____