## Entry Form

Name:					
Address:					
City:			State:		
		hone:			
Emergency	Contact N	ame:			
Emergency	Contact P	hone:			
□ Male	☐ Female Age (on June 16):				
	T-S	hirt size (circle	: one):		
2	М	L	XL	XXL	
Youth S		Youth M	Youth L		
Signed:					
	(Pare	nt or Legal Guardi	an if under 18	)	
Date:	/_	/			
Entry Fee: \$	\$				
Additional C	Onation: \$	1 )			

## Make checks payable to:

North Carolina Music Hall of Fame 109 West A Street - Kannapolis, N.C. 28081

Participant Waiver: In consideration of my or my child's participation in the aforementioned North Carolina Music Hall of Fame's event I hereby discharge and release Rowan Regional Medical Center, North Carolina Music Hall of Fame, any and all employees or agents thereof of all claims of any kind whatsoever arising out of the actions of the above said participants or agents, to the extent allowed by law. I have informed the North Carolina Music Hall of Fame staff of any physical conditions that may hinder my or my child's participation in the 2012 Rhythm and Run 5K.

THANKS TO OUR SPONSORS:















North Carolina Music Hall of Fame



SATURDAY JUNE 16, 2012 9:00 Am

Facebook.com/Rhythm and Run