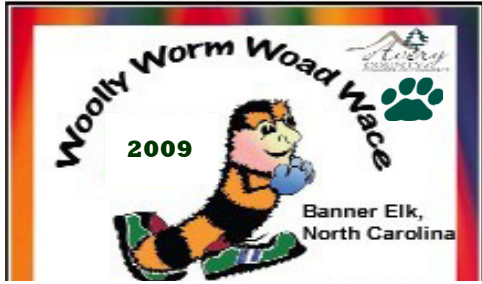


# WOOLLY WORM WOAD WACE



## Dates and Times

Saturday, October 17th, 2009

at Lees-McRae College Track

5M - 10:00 AM

One Mile (Age 12 and under) - 10:00 am

## The Course

The Woolly Worm Woad Wace is a 5 mile footrace that takes place on the Saturday morning the week of the Woolly Worm Festival (the race is the third weekend in October). This 5M race takes a cross country/road race journey through the back roads and beautiful landscape of Avery County. This is a challenging and fun race because of the terrain. All registered runners will receive a beautiful commemorative race T-Shirt. Sizes are not guaranteed on race day.

## Registration

To pre-register Call Avery County Chamber of Commerce 828-898-5605 or visit [www.averycounty.com](http://www.averycounty.com) Mail entry form with a check to: Woolly Worm Woad Wace c/oAvery County Chamber of Commerce 4501 Tynecastle Hwy Ste 2 Banner Elk, NC 28604 or in person on race day at Lees-McRae College at 9:00 am. The entry fee is \$20 in advance and \$25 on the day of the race. (Entry fees are non-transferable and non-refundable.) MC and Visa are accepted with a \$3.00 added fee for processing. One Mile Fun Run Registration will be held at the Lees-McRae Track Field.

## Refreshments & Awards

Food, Drinks and Fruit will be available after the race. 5M

The awards ceremony will start following the race

Top Male and Female winners will receive a plaque.

3 Deep in each of the following age groups: (male and female)

Awards plus overall Master and Grandmaster winners (male and female) Age group awards will be given.

19 and under 40-44 60-64

20-29 45-49 65-69

30-34 50-54 70 and over

35-39 55-60

Walkers are welcome

Participants who are 12 and under-parents are welcome to run with their children. Awards will be given to overall male and female winners and all participants will receive a medal.

# WOOLLY WORM WOAD WACE APPLICATION

\_\_\_\_\_, \_\_\_\_\_  
Last name

First name

\_\_\_\_\_  
Street Address or Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_ M F \_\_\_\_/\_\_\_\_/\_\_\_\_

Age ( day of race) Sex Date of Birth

Shirt Size S M L XL

\_\_\_\_\_  
Daytime Phone

## Please Read & Sign.

●**WAIVER OF LIABILITY:** I fully assume and understand the risks of participating in a road race including death or injury due to vehicles, falls, collisions with other participants or spectators, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that I am physically fit to participate. I authorize run officials to provide medical attention at my expense should I appear in need. For injuries I sustain, including death, I agree to save and hold harmless the Avery County Chamber of Commerce, local government, law enforcement personnel, volunteers, event staff, suppliers, contractors and anyone else connected with the organization of this event, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my participation in this event or the instruction I received.

●**WAIVER FOR PUBLICITY:** I agree that images taken of me during this event may be used in any legal manner without payment to me. I have read and understand the terms of this document. I make this agreement and pay my entry fee in exchange for the privilege of participating under the conditions of the event.

\_\_\_\_\_  
Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

