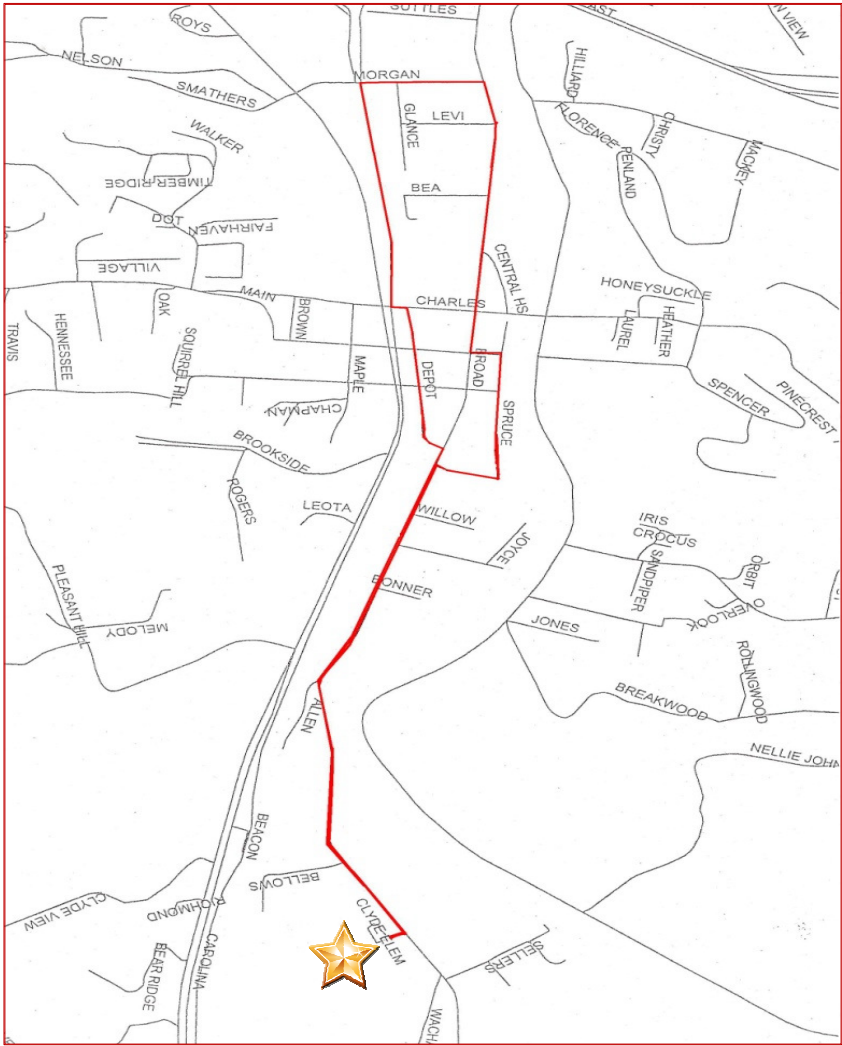


For race questions, to volunteer or sponsor, contact:

Clyde Elementary School
4182 Old Clyde Rd., Clyde, NC 28721
lcook@haywood.k12.nc.us
828 - 627 - 2206



Clyde Elementary

First Annual

5K

**Color
Run**

Saturday, April 12, 2014

Clyde, NC

**Please come join us as a runner, walker, volunteer, sponsor or
spectator and support our school!**

Lots of fun for the whole family!

For race questions, to volunteer or sponsor, contact:

Clyde Elementary School

828 - 627 - 2206

Event

Clyde Elementary Color Run Free T-shirt and sunglasses!

This run is open to runners and walkers of all ages. The course will begin at Clyde Elementary School and travel West along the scenic Pigeon River. Past Historic Shook House on Morgan Street, past the Big Gun on Depot Street, then traveling East following the Pigeon River to return to Clyde Elementary School.

\$15 students

\$25 adults

\$75 family of four or more



Everyone is invited to participate. This event is designed for children, non-athletes, anyone who would like to be involved and isn't afraid to get messy!

**Be sure to wear clothes that can get painted! **

Schedule

Saturday, April 12, 2014

Check in and registration
Run

7:45 – 8:45 am
9:00 am



Non-Competitive. No Awards will be given—Come out and join the fun!

Entry Form

Name _____

Address _____

City/State _____ Zip _____

Phone _____

Age (on 4/12/14) _____ Birth date _____

Check T-Shirt size:

Adult ☐ S ☐ M ☐ L ☐ XL

All applicants must sign waiver:

Waiver: Upon acceptance of this entry, I, for myself, my heirs and assigns, hereby release the sponsors, officials and volunteers of The Cardinals Take Flight Clyde Elementary School Run Event; Clyde Elementary School PTO; Haywood County Schools; Haywood Regional Medical Center; State of North Carolina; Haywood County, NC; and all participating businesses and organizations from any and all liability arising from illness, injury or death I may suffer as a result of my participation in this event. I attest that I am physically able and have sufficiently trained for this event and am aware that participation in this event could result in physical injury. Should officials determine that completion of the event would be injurious to my health, I consent to be removed from the event and treated by designated medical personnel. I agree to accept the decisions of the officials as final. I also understand that wheeled vehicles-including bicycles, skates and scooters; as well as animals are prohibited from the course. Strollers are allowed.

Signature _____ Date _____

Parent/ Guardian (if under 18 years old) _____

MAKE CHECKS PAYABLE TO : **Clyde Elementary School**
MAIL OR RETURN ENTRY FORM WITH PAYMENT TO:
Clyde Elementary School, 4182 Old Clyde Rd., Clyde, NC 28721

or Register Online at
imathlete.com