

# 10<sup>th</sup> Annual Aging In Stride 5k Run/Walk

Benefits the Aging in Place Fund @ the Orange County Department on Aging  
**Saturday, November 1, 2014 @ 9 AM (Check-in starts @ 8AM)**  
**Begins @ The Bell Tower Parking Lot Chapel Hill**

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<b>First Name</b>	<b>Last Name</b>	<b>Birthday</b>
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**Address**

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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Phone Number</b>	<b>Gender</b>	<b>Age</b>
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## Email Address

T-shirt Size: Small  Medium  Large  X-Large

Sign up here if you would like to walk/run with a pharmacy student partner: yes\_\_\_\_ no\_\_\_\_

Pre-Registration 65 years and older: **\$10**

Pre-Registration under age 65 as of 10/1/14: **\$22**

Pre-Registration under age 65 starting 10/1/14: **\$25**

Race-day registration: **\$30**

**Make all checks payable to Carolina Association of Pharmacy Students (CAPS).**

Register by **October 24, 2014** to be guaranteed a t-shirt. T-shirts for race-day registration are limited.

Mail signed entry form with fee to: **Project AGE, UNC Eshelman School of Pharmacy, 109 Beard Hall Campus Box 7566, Chapel Hill NC 27599**. Or you may also drop off at any Orange County Senior Center in the designated drop-off box. Please contact Dana Billock or Cynthia Lee at [aginginstride@gmail.com](mailto:aginginstride@gmail.com) or visit <http://aginginstride.weebly.com/> for more information.

## RELEASE AND INDEMNITY AGREEMENT 5K Run/Walk

Carolina Association of Pharmacy Students Project AGE

As part of the consideration for my participating in the above-named 5K run/walk event, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill and its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while I am participating in this event.

I understand and acknowledge that vigorous exercise is a potentially hazardous activity that involves a risk of injury and even death. I further understand and acknowledge that it has been recommended that I have a physical examination and that I consult with my physician about physical activity and exercise before participating in this activity, especially if I have any physical conditions that may be harmfully affected by vigorous exercise including, but not limited to, heart, circulatory, respiratory or musculoskeletal conditions. I acknowledge that I have either had a physical examination and been given my physician's permission to participate or that I have decided that I will participate in this activity without the approval of my physician.

I acknowledge that my participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including death, and for any property damage that may be sustained by me as a result of my participation in this activity except that caused by the negligence of the University, its employees or agents. I further agree to indemnify and hold harmless the University, its employees and agents from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in this activity, except that caused by the negligence of the University, its employees or agents.

This release and indemnity agreement is binding on myself, my heirs, assigns, and personal representatives. I acknowledge that I am 18 years old or more.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date