



# Saturday, April 20, 2024

Supporting FirstHealth Richmond Memorial Hospital Foundation  
and Discovery Place Kids-Rockingham

## Downtown Rockingham

1 Mile - 9 a.m. • 5K - 9:30 a.m.

The SpringFest Fun Run & 5K features a challenging course through downtown Rockingham down to Hitchcock Creek and back through the rolling hills - finishing at Discovery Place Kids-Rockingham and leads right into SpringFest at the Rock in downtown Rockingham at 11 a.m.

SpringFest Fun Run & 5K is a community celebration that raises awareness and promotes healthy lifestyle choices including fitness, healthy eating and education. Join us for our Fun Run & 5K as families throughout the Sandhills community pledge to be active together to promote healthy lifestyles. All proceeds benefit the FirstHealth Richmond Memorial Hospital Foundation and Discovery Place Kids-Rockingham.

**Deadline to register online is April 18, 2024. Race registration on-site.**

[Sign up online at Run Sign Up](#)



or fill out the form below

## PARTICIPANT REGISTRATION

5K Run/Walk \_\_\_\_\_ 1 Mile Fun Run/Walk \_\_\_\_\_

I wish to have my 5k timed: Yes \_\_\_\_\_ No \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Adult T-Shirt Size: *(Circle One)* S M L XL XXL XXXL Youth T-Shirt Size: *(Circle One)* S M L

Name: \_\_\_\_\_ Age (as of race day): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Registration Fee:** **5K – \$30 • Add \$5 after April 5, 2024**  
**Walk – \$15 • Add \$5 after April 5, 2024**  
**Teacher or student – \$10 each race • Add \$5 after April 5, 2024**  
**FirstHealth Employee or Discovery Place Member – Walk \$10 • 5K \$20 • Add \$5 after April 5, 2024**

**Payment:**  Check (made to Foundation of FirstHealth) or  Credit card *(fill out below)*:  
 Visa  American Express  Master Card  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Mail to: 150 Applecross Road, Pinehurst, NC 28374**

**WAIVER AND RELEASE:** I know that running a 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 and decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to falls; contact with other participants; the effects of weather, including heat or humidity; the condition of the road; all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release The Foundation of FirstHealth and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have, or that might accrue against The Foundation of FirstHealth, Discovery Place Kids, and their agencies, officers, and employees for any and all injuries suffered by me in said event.

Signature of Participant or Legal Guardian *(if under 18)*: \_\_\_\_\_ Date: \_\_\_\_\_