



Cupid Shuffle 5K & Kids K Glow Run



Saturday, February 3, 2024

Lumberton High School. High School Track

Activities Start: 4:30 pm / Kids K 6:00 pm / 5K 6:30 pm

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

E-mail: _____

Age on race day: _____ Date of Birth: _____ Gender: M F

LISD Employee: Y N LISD Student: Y N Grade: _____

Short Sleeve Shirt **INCLUDED** in Registration fee **while they last**: SIZE; Child: S ___ M ___ L ___

SIZE: Adult: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

Event (check only one) \$25 - 5K Run/Walk: _____ \$15 - Kids K: _____

Shirt Only \$20 (indicate your size above) if not entering 5K or Kids K

TOTAL: _____ CHECK# _____ CASH _____

MONEY ORDER: _____ CREDIT CARD (contact Chamber office + small fee chg)

A portion of the 5K entry fee will support:

Please indicate below with an "X" who you wish to support. **PLEASE only check one.**

High School _____ Middle School _____ Intermediate _____ Primary _____ Early Child _____

Lumberton School which the Principal will decide how the money is used to benefit the students & staff

Lumberton Chamber of Commerce which promotes support to our members, businesses, our community and scholarships to LHS Seniors.

PRE-REGISTRATION DEADLINE TO GUARANTEE EVENT SHIRT EXTENDED TO JANUARY 10, 2024.

YOU CAN STILL REGISTER UP TO RACE DAY, JUST NOT GUARANTEED A SHIRT.

Waiver:

I know that running/walking a road race is a potentially hazardous activity. I should not enter this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with participating in the event including, but not limited to: fall, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and conditions of the road, all such risk 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 organizers and all sponsors, their representatives and successors from all liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence of carelessness on the part of the person named in this waiver. I grant permission to all of the organizers/sponsors of this event to use any photographs, motion pictures, recordings, or other records of this event for any legitimate purpose, including but not limited to, publications in newspapers, on Facebook pages, and on Chamber website pages.

I ALSO UNDERSTAND THAT THERE ARE NO REFUNDS FOR THIS EVENT.

Please make checks payable to Lumberton Chamber of Commerce. There is a small service fee for online payment.

Signature of Participant

Date

Parents signature if under 18 years of age

Date

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For Office Use Only:

Date Paid _____ Amount Paid _____

Cash _____ Check # _____ MO# _____

Paying with Credit Card call 409-755-0554 with credit card info.

Small service charge applies

Signature of Chamber Staff _____