



### VOLUNTEERS

If you cannot participate in the 5K Run and Fitness Walk but would like to volunteer, please email [cupidscup5k@carolinashealthcare.org](mailto:cupidscup5k@carolinashealthcare.org).

### TO MAKE A DONATION

If you are unable to register for the race but would like to make a donation, please visit the race website at [www.cupidscup5k.com](http://www.cupidscup5k.com), visit the Carolinas HealthCare Foundation website at [www.givecarolinas.org](http://www.givecarolinas.org) or, call 704-355-4048 for more information.

Presenting sponsor:



Sanger Heart & Vascular Institute

Thanks to our other sponsors:

K&L|GATES



**MedCost**  
BENEFIT SERVICES

The Philip Nalibotsky Family

ROBINSON BRADSHAW & HINSON



Carolinas HealthCare Foundation  
PO Box 32861  
Charlotte, NC 28232



[www.cupidscup5k.com](http://www.cupidscup5k.com)

9TH ANNUAL



# CUPID'S CUP

5K & FITNESS WALK

SATURDAY

**FEB. 9, 2013**

CMC-MYERS PARK • 8 A.M.  
1350 S. KINGS DR.

8 a.m. - 5K Run start

8:10 a.m. - Fitness Walk start

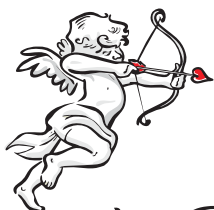
9 a.m. - Awards

BENEFITTING

Cardiovascular Health and  
Rehabilitation Program at



Carolinas Medical Center



**CUPID'S CUP**  
5K & FITNESS WALK

Join us for the 9th annual CUPID'S CUP 5K & Fitness Walk benefitting cardiovascular health and rehabilitation programs at Carolinas Medical Center by providing patient scholarship funding, resources for patient education, programmatic and equipment upgrades.

COURSE

The course starts and finishes in close proximity to CMC-Myers Park, located on the corner of S. Kings Dr. and East Blvd. Participants will enjoy a fast, scenic and rolling course through Charlotte's historic Dilworth neighborhood.

The Fitness Walk will follow a course into Freedom Park, around the pond and back to the staging area.

A course map can be found at [www.cupidscup5k.com](http://www.cupidscup5k.com).

REGISTER

- 1 Online at [www.cupidscup5k.com](http://www.cupidscup5k.com). Create or join a team online! Online registration ends Wednesday, February 6 at 5 p.m.

- 2 By mailing your registration form, along with a check or money order to:  
CUPID'S CUP 5K  
c/o Carolinas HealthCare Foundation  
PO Box 32861, Charlotte, NC 28232  
(Postmarked by February 1). Please make check payable to: Carolinas HealthCare Foundation.

- 3 In person at Charlotte Running Company, 1412 East Blvd., Ste. G, Charlotte, NC 28203.

Packet pick-up will take place at:

- Charlotte Running Company, 1412-G East Blvd., on:
  - Thursday, February 7 - 10 a.m. to 7 p.m.
  - Friday, February 8 - 10 a.m. to 7 p.m.
- CMC-Myers Park, 1350 S. Kings Dr., located at the corner of S. Kings Dr. and East Blvd., on:
  - Saturday, February 9 - 6:30 a.m. to 7:45 a.m.

Please note: The event will be capped at 2,000 participants. Parking on race day is available in the parking garage of CMC-Myers Park or at Freedom Park on East Blvd.

AWARDS

Awards will be presented to the top three overall male and female finishers and the top three overall Masters (40+) males and females.

Age group awards will also be given to the top three male and female finishers in the following categories: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over. Awards will be presented at CMC-Myers Park.

RESULTS

Shortly after the race, results will be available online at [www.cupidscup5k.com](http://www.cupidscup5k.com).

ENTRY FORM

First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthday \_\_\_\_\_ Age on Race Day \_\_\_\_\_  
 T-Shirt Size: S M L XL XXL Gender: M F  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Divisions (5K Run Only)  
 Men's  Women's  
 Team \_\_\_\_\_  
 Name of team (each team member must fill out a separate entry form)

Walk Participant <input type="checkbox"/>	5K & Tech-T	5K & Cotton-T	Walk Cotton-T (non-competitive)
Prior to January 18	\$30	\$25	\$20
After January 18		\$30	\$25
Race Day* (no shirt guaranteed for race day registrants)		\$35*	\$25*

Entry fee..... \$ \_\_\_\_\_

Optional donation to Carolinas Cardiovascular Health & Rehabilitation Fund..... + \$ \_\_\_\_\_

Total..... \$ \_\_\_\_\_

Please make check payable to: Carolinas HealthCare Foundation and mail to: Cupid's Cup 5K, c/o Carolinas HealthCare Foundation, PO Box 32861, Charlotte, NC 28232.

**HOLD HARMLESS WAIVER AND RELEASE FORM:**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained to complete the course in less than 1 hour. I agree to abide by a decision of a race official relative to my ability to safely complete the run. I understand that the course will be closed once runners doing a 1 hour pace have passed. 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 high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me.

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 public purpose. I understand that all entries are final with no refunds. The official race director reserves the right to cancel the race or to change the day and/or time to a later day or time for any reason including, but not limited to, severe weather, hazardous conditions, public emergency, natural or accidental disaster on a local or national level, and lack of contracted support necessary to conduct the race, and that in the event of cancellation or change there is no refund of entry fees.

Having read this agreement and knowing these facts and in consideration of accepting my entry, I for myself and anyone entitled to act on my behalf, waive all right of retort and release Charlotte Running Company, Inc., Carolinas HealthCare System and Carolinas HealthCare Foundation, Queen City Timing, county, state, and federal governments, all sponsors, and representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. All registration orders are final once payment is submitted. By registering to participate in this event, I acknowledge that I have read and fully understand the terms and conditions of this participation agreement. Further, I agree to this liability waiver.

Signature (Parent or Guardian if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_