



Meet Me at the Fountain 5K Saturday July 26, 2025

Benefits: Local Charities

**Registration:
5k Run/Walk**

\$30 if registered before July 20th

\$35 if registered after July 20th & on day of race

Kids 12 and under Registration - \$15

Fun Run (ages 8 and under): FREE

Mail or hand deliver entry forms:

Smith's Drugs of Forest City

Attn: Janet Atkins

139 East Main Street

Forest City, NC 28043

Online Registration:

<https://runsignup.com/meetmeatthefountain5k>

Check-in: From 7 to 7:50 AM in front of Smith's Drugs in downtown Forest City

Race starts at 8 AM beside the fountain on Main Street Forest City

Course: Run through beautiful downtown Forest City

Course map available at

<https://runsignup.com/meetmeatthefountain5k>

Awards: Top 3 Overall male/female, Top male/female Masters, and top 3 finishers in each age group <8, 9-11, 12-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+

Questions:

Contact John Higgins at 828-245-4591 or
5Krace@smithsdrugsfc.com

T-shirts are guaranteed if registered by July 5th and then while supplies last

Race is included in the Rutherford Outdoor Coalition Race Series! More information at RutherfordOutdoor.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Age on Race Day: _____ Gender: Male Female

Please circle which event you are registering: 5k Run/Walk Fun Run (w/T-shirt)

Shirt Size (Please Circle): Adult Sizes - Small Medium Large XL XXL XXXL Youth Sizes - Small Medium Large

Amt Paid (Make checks payable to Smith's Drugs): _____

I am running in Honor or Memory of _____

Emergency Contact Name: _____ Phone Number: _____

Waiver and Release:

In consideration of the acceptance of this entry, I hereby waive and release any and all rights and claims for damages that I or my heirs may have against Smith's Drugs of Forest City, its employees, race sponsors or volunteers. I certify that I have properly trained for this event and have been medically certified to be able to participate in this event. I also grant permission for photos to be taken of my children or myself and used for marketing purposes for this event.

Participant Signature: _____ Date: _____

*Parent's signature required if participant is under 18 years old