

Waiver
(must be signed by the registrant)

In acceptance of entry, I for myself, my heirs and assigns, release The Cliffs Communities, Inc., Cliffs Valley Property Owners Association, all other sponsors, race workers, officials, and volunteers from any and all liability arising from illness, injury or damages I may suffer as a result of my participation in, traveling to, or traveling from the event. I realize that this is a strenuous event that requires proper physical conditioning. I hereby certify that I am in such physical condition and good health. I know that there may be traffic on the course. I assume the risk of this event. I also give my permission for free use of my name and picture in broadcast, telecast, or written account of the event. I understand that my entry fee is non-refundable.

Signature (parent if under 18):

Date: _____

Emergency Contact: _____

Sponsored by:



*With help from the following
companies within our community –
thank you all.*



*American
Security*

*Dodd's
Landscaping
Service*



The Cliffs

1ST ANNUAL

**QUEST
FOR YOUR BEST**

CHARITY 5K
RUN/WALK

SATURDAY, OCT. 16, 2004

9:00 AM – CLIFFS VALLEY
WELLNESS CENTER

TRAVELERS REST, SC

*Organized by The Cliffs Communities, Inc.
and Cliffs Valley Property Owners
Association to benefit ZestQuest, a
children's wellness initiative.*





The Cliffs Communities, together with its property owners of Cliffs Valley, welcome you to the 1st Annual “Quest for your Best” Charity 5K Run/Walk to benefit ZestQuest, a children’s wellness initiative.

Starting Time The 5K Run/Walk will begin at 9:00 AM at Cliffs Valley Wellness Center.

Presentation of Awards and food, music, and massage will take place around 10:15 AM at the Runners Village.

After the race, the kids’ “Hill Challenge” will take place near Cliffs Valley Wellness Center on Painter Creek Road.

Packet Pick-up Pick up your race packet on race day, between 7:30 and 8:30 AM, at the Runners Village located at Cliffs Valley Wellness Center.

Course Description This scenic 5K race will begin and end at the 15,000-square foot Cliffs Valley Wellness Center Complex. A level course will wind its way alongside trout ponds, creeks, and trails and through Cliffs Valley’s award-winning golf course, offering spectacular views of the fall foliage.

Awards T-shirts will be given to all runners/walkers registered before October 1. For registrants after October 1, t-shirt distribution will be based on availability.

Overall Winners – male, female, and overall master winner male/female (overall winners are not eligible for age group awards)

Age Group Winners – 1st, 2nd, and 3rd place for males and females in age groups 14-under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, and 70-up.

Kids’ Hill Challenge Winners – Each child who participates in the hill challenge will receive a ribbon and effort prize.

Directions

From Greenville: Take Poinsett Hwy. to Hwy. 25 through Travelers Rest. Continue straight 10 miles from Travelers Rest. Bear right onto Old Hwy. 25 toward Saluda, and continue approx. 2 miles. Turn left onto Terry Creek Road and then right onto Painter Creek Road. Parking areas are marked ahead.

From Asheville: Take I-26 East to the Hwy. 25 exit toward Greenville. Continue for approx. 10 miles on Hwy. 25. Pass Cliffs Valley’s main gatehouse on your left and continue for approx. 2 miles. Turn left onto Old Hwy. 25 toward Saluda, and continue approx. 2 miles. Turn left onto Terry Creek Road and then right onto Painter Creek Road. Parking areas are marked ahead.

cut along line and return

REGISTRATION FORM

**THE CLIFFS 1ST ANNUAL
“QUEST FOR YOUR BEST”
CHARITY 5K RUN/WALK**

(rain or shine)

Entry Fee	Before 10/1	After 10/1
5K runners	\$12.00	\$15.00
5K walkers	\$12.00	\$15.00
Kids (12 and under) – free		

Adult T-shirt size S M L XL

Total enclosed: \$ _____ (All fees are non-refundable.)

Make checks payable to:
The Cliffs Quest for your Best 5K Run/Walk

Please print legibly:

Date of Birth: _____

Age as of 10/16/04: _____

Name: _____

Address: _____

City/State/ZIP: _____

Daytime Phone #: _____

Email: _____

Mail this registration form, with check, to:
Randy Taylor
c/o The Cliffs Quest for your Best 5K
606 Mountain Summit
Travelers Rest, SC 29690

(OVER→)