REGISTRATION TYPE

☐ Adult $25 ☐ Youth $10

Bib # ____________ Course: 10K 5K 1K

CONTACT INFORMATION

Last name ____________________ **First name** ____________________

Gender M F **Birthdate** ____________ **Phone** ____________________

Email ____________________

Address ____

____

Church Attending ____

Team Options Team Captain Team Member No Team

Team name ____

T-Shirt size (included in price)

Adult ___XS ___S ___M ___L ___XL ___XXL Youth ___XS ___S ___M ___L

Would you like to purchase additional t-shirts? ($8 per shirt, if available)

Adult ___XS ___S ___M ___L ___XL ___XXL Youth ___XS ___S ___M ___L

Payment Information payment via ☐ Cash ☐ Check ☐ Card

Card # ______________________________ Exp ________ Sec ________

Name on card ______________________________ Total $ ____________

WAIVER

I hereby release Hope Pregnancy Clinic or any individuals or organizations who assist or support the Hope Run from any liablity from illness or injuries I may suffer as a result of my participation in this event. I know that running in an organized race such as this is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I certify that I am physically fit to participate in this race.

I consent to be treated by licensed medical personnel if an emergency occurs, although Hope Pregnancy Clinic will not have any liability for payment of any costs of such treatment.

I understand that my photographed image may be included in Hope Pregnancy Clinic publications.

I have read and agree to this waiver. Signature ______________________________

REV 2023 RE NXT ____________ HUBER ____________