

**Heather's Hope 5K Run/Walk
Race REGISTRATION FORM**

Name: _____

Address: _____

Date of Birth: _____ Shirt Size: _____ Male _____ Female _____

Are you running/walking with a group? If so, which group: _____

E-mail address: PLEASE PRINT CLEARLY!

Phone: _____

Date today: _____

Are you interested in volunteering next year? _____

Comments: _____

Signature: _____

WAIVER

I hereby, for myself, my heirs, my executor and administrators, waive and release all claims for damages I may have Against the Heather's Hope Foundation, Inc. or its representative agents for any and all damages. *

Yes No