

Make checks payable to **Spreading Hope 5K**. Mail your registration form, signed waiver, \$20 registration fee and/or donations to **P.O. Box 450, Hollywood, AL 35752**.

**5K Registration**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Adult Shirt Size \_\_\_\_\_

**Race Waiver:** As consideration for acceptance of my entry, I hereby for myself, heirs, executors, administrators, executors and assignees release all race officials, City of Scottsboro, and the executors of Sayde's Fund from any and all liability, claims, demands, actions, losses, or damages arising out of or relating to any injury, illness, loss, or damage, including death, as a result of participation in this event.. I further certify that I am physically fit and that I have trained sufficiently to participate in this event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fun Run Registration**

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_