

HOPE FOR BEREAVED, INC.

Bib Number _____

Presentng Sponsor



Sunday July 22, 2018 Long Branch Park • Liverpool, NY

7:30 Registration - 9:30 am Walk Starts (Race starts at 8:45 am) www.hopeforbereaved.com

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Home _____

Phone _____ Male _____ Female _____

Email Address: _____

Age on Race Day _____ Birthdate _____

Emergency Contact: _____ Contact Phone: _____

Event: 5K _____ 3K Walk _____

Register online at runsignup.com

OR

Send registration & check payable to:
HOPE for BEREAVED, Inc.
4500 Onondaga Blvd.
Syracuse, NY 13219

To make an additional donation to

Hope for Bereaved, Inc.
Check Here: \$10 ___ \$20 ___ Other Amount ___

Memorial Opportunity for \$100.00

Remember your loved one by having their name appear in the Memorial Section of the Run/Walk Tek Shirt. Print name below

Registration Fees:

\$25 pre-registration through July 6th, \$35, July 7th thru July 21st, \$40 day of event.

All participants, aged 13 and older and registered by July 6th will receive a shirt.

All participants regardless of age, must be registered.



USATF Certified

Early Packet Pick Up Saturday, July 21st @ Fleet Feet, 5800 Bridge Street—10am to 2pm

Adult Tek Shirt Size (Circle): Mens Womens (Circle): Small Medium Large XL 2XL 3XL

I would like to decline the shirt and donate the cost back to HOPE.

The event will take place rain or shine. We reserve the right to cancel in extreme circumstances. There will be no refunds.

Waiver of Liability Statement

Please Read and Sign: In consideration of this entry being accepted. I the undersigned, and anyone entitled to act on my behalf agree to hold harmless Hope for Bereaved, Inc., the Remembrance Run/Walk committee, the Onondaga County, Onondaga Lake Park, Long Branch Park, vendors, volunteers, and sponsors, from all cost and liability arising out of my participation. I hereby waive all of my claims for damage or loss to my person or property which may be caused directly or indirectly from my participation and hereby assume liability for any loss, damage, or other liability from the Remembrance Run/Walk for Hope. I hereby attest that I am in proper health and physical condition to participate. I give my permission for medical release should I be involved in any accident or health damaging situation or should I require a form of medical treatment. I hereby grant full permission to use my likeness in any photographs, videotapes, recordings or any other record of this event for promotional purposes.

I have read the above statement and agree to this form.

Official Use Only: Credit ___ Cash ___ Check ___

Signature _____ Date _____