



HOPE FOR BEREAVED, INC.

5K Run/3K Walk for HOPE

11th Year of Event

Saturday, October 23, 2021

Willow Bay, Liverpool, NY

Registration 8 AM, Run 9 AM, Walk 10 AM

www.hopeforbereaved.com

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION:

Team Name _____ (If applicable)
Last Name _____ First Name _____
Address _____ Apt. No. _____
City _____ State _____ Zip Code _____
Phone No. _____ Circle: Home Cell Gender: Male ___ Female ___
Email Address: _____
Age on Race Day _____ Birthdate _____ Event: 5K Run _____ 3K Walk _____ Virtual _____ (Those wishing to Distance)

Register online at runsignup.com

OR

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

**I would like 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 T- Shirt. Print name below:

Registration Fees:

\$30 pre-registration through October 15 / \$35 October 16 to October 22 / \$40 day of event.

All participants, aged 13 and older and registered by October 15 will receive a shirt.

All participants regardless of age, must be registered.



Early Packet Pick Up Thursday, October 21 @ HOPE Office, 4500 Onondaga Blvd—4 pm to 7 pm

USATF Certified

Adult T-Shirt are unisex. Size: (Circle): Small Medium Large XL 2XL 3XL

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

All registration fees are a donation to HOPE For Bereaved.. 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, 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 Virtual Remembrance Run/Walk for Hope. I hereby attest that I am in proper health and physical condition to participate. I hereby grant full permission to use my likeness in any photographs, videotapes, recordings or any other record of this event for promotional purposes.

**EVENT WILL BE IN PERSON, UNLESS THERE IS A RESTRICTION PLACED ON IN PERSON GATHERINGS.
IN THAT CASE THE EVENT WILL BE SWITCHED OVER TO VIRTUAL.**

Signature Date

Official Use Only: Credit ___ Cash ___ Check ___