

**COMMUNITY FOOD KITCHEN
5K RUN AND FAMILY WALK
REGISTRATION FORM
FRIDAY, NOVEMBER 24, 2017**

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Emergency contact: _____ Phone: _____

Sex: Male Female
(Circle one)

Shirt Size: S M L XL
(Circle one)

I will: _____ walk _____ run

Early Registration fee (on or before November 10th): **\$25.00** Paid Cash _____

After November 10TH ----- \$30.00

On-site registration opens at 8:15 am on Nov 24. Paid Check # _____

More information: hope@wythehope.org or call 276-228-6280 ext 211

Make Checks Payable To: H.O.P.E. Inc.
(MARK For CFK-5K Race) PO Box 743
Wytheville, VA 24382

Gift Donation Amount above the registration fee: \$ _____

RELEASE

In consideration for the opportunity to participate in the 5K Run/Walk activities being held by the Community Food Kitchen on November 24th, 2017, I on behalf of myself and respective heirs, successors and assigns release, discharge and quitclaim unto the H.O.P.E. Inc and/or Community Food Kitchen and its Officers, Directors, and Agents and any and all other affiliated parties any claim for injury, loss or damage of any kind to any person or property or that of any of my respective heirs, successors, assigns, and any minor children for which I am parent, custodial parent or legal guardian who may participate in this event and all expenses and costs however caused arising out of or in connection with the participation of the undersigned or the minor child of the undersigned in this event.

The undersigned further acknowledges that he or she has carefully read the above Release and knows and understands all of the contents thereof and further understands and agrees that by signing this release he or she gives up rights and assumes the risk of injury or property damage and signs this Release as their free and voluntary act.

Signature: _____ Date: _____

Print Name: _____

This release must be signed by all participants and/or by the parent or guardian if participant is under 18.