


Hands of Hope

Footprints for the Bahamans 2019 5K & Fun Walk/Bike



Friday August 2nd, 2019

5K starts at 7 PM, and Fun Walk/Bike runs from 6:30-8:30 PM. Sign-in and Day-of-Event Registration begins at 6:00 pm. Top male and female over all finishers will receive a \$50 Dick's Sporting Goods gift card. Medals to top finisher in each age category. Race starts and ends at the Paulding Co. Fairgrounds (use east entrance). Family Fun Walk/Bike is inside the Fairgrounds. There will also be some sidewalk chalk, kickballs, bubbles, and hoola hoops for the kids in the middle grassy area. Snacks and drinks for everyone. This is going to be a fun night out! It will be held rain or shine.

 Cut and return

5K Pre-registration [] \$20 (Must register by 7/18/19 to be guaranteed shirt) Size _____ [] \$10 without shirt

5K : Day-of registration [] \$25 with a T-shirt (while supplies last) [] \$15 without a T-shirt

****5K participants are free to participate in Fun Walk/Bike activities as well****

Family Fun Walk/Bike Pre-Registration-___ \$30/family, or \$10/person (Does not include cost of shirts)

Day-of Registration _____ \$40/family or \$15/person

Family Fun Walk/Bike participants, please list sizes of shirts if desired (\$10/shirt) _____

***For families-** individual waivers for each participant will need to be filled out on event day.

Checks payable to: Hands of Hope Pregnancy Services, Inc. **Mail to:** 1030 W. Wayne St. Suite A, Paulding, Ohio 45879

Any Questions, call: 419.399.2447 **Email:** handsofhope.director@gmail.com

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Age on 8/02/2019 _____

Email: _____

Activities I plan to participate in: ___ 5K ___ Family Fun Walk/Bike

Waiver: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any of the following: Hands of Hope Pregnancy Services, Inc., and its board members, employees, and contractors; the event's volunteers; City of Paulding, Ohio; Paulding County, Ohio; and all additional contributors, sponsors, organizations and assigns, for any injuries suffered by me in the scheduled August 2, 2019 events, whether caused by the active or passive negligence of all or any of the releases or otherwise. I realize that running a race, walking, and biking are potentially hazardous and I attest and verify that I am physically fit and have effectively trained to complete the activities I participate in. Hands of Hope Pregnancy Services, Inc. recommends that you consult your physician before starting any exercise program. I have read the fine print, understand the event's limitations and rules, assume all risks associated with the events of the night, and agree to abide by the decision of any race official relative to my participation.

Signature (or Parent Signature if participant is under 18): _____ Date: _____