



1ST ANNUAL

CALHOUN COUNTY
DEPUTY SHERIFF'S ASSOCIATION
COPS FOR A CAUSE 5K



Saturday April 23, 2016

Awards will be given to the Top 3 Overall Male and Female Finisher in the following age groups.

10 and under · 11-19 · 20-29 · 30-39 · 40-49 · 50-59 · 60-69 · 70 and up

Race begins at 8:00 AM at the United Cerebral Palsy Building 415 Castle Avenue, Anniston.

Registration Entry fees: \$15 – 18 and under · \$20- 19 and over · \$25 Late registration

Race day registration & packet pick up begins at 6:30 AM
Late registration after April 8, 2016 (t-shirts not guaranteed)

FOR MORE INFORMATION:

Lauren Keef (256) 236-6600

Matthew Wade (256) 236-6600

Email: lkeef@calcoso.org to
request entry forms

• You can also download forms at
www.calcoso.org

• Please make checks or money
orders payable to: **Calhoun Co.
Deputy Sheriff's Association**

• Mail with entry form to:
**Calhoun Co. Deputy Sheriff's Assoc.
ATTN: Lauren Keef
400 W. 8th Street
Anniston, Al 36201**

REGISTRATION FORM

Name: _____

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email _____

Sex: Male Female
(Circle one)

T-shirt Size: S M L XL XXL
(Circle one)

I will: _____ walk _____ run

Release

In consideration for the opportunity to participate in the 5K/Run/Walk activities held by the Calhoun County Deputy Sheriff's Association on April 23, 2016, I, on behalf of myself and respective heirs, successors and assigns hereby release, discharge and quitclaim unto the Calhoun County Deputy Sheriff's Association 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 any 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: _____