

2ND ANNUAL



HEROES

5K RUN - FAMILY FUN WALK

American Legion Auxiliary Unit 321

VETERANS PARK – 107 N. Main Street, Huntersville NC
(send registrations & payment to 11203 Asbury Chapel Rd, Huntersville, NC 28078)

Sat. May 18, 2019

Like & Share us on Facebook at
Heroes 5K Run - Fun Walk

All proceeds benefit: PTSD and Recreational Programs at
W.G. (Bill) Hefner VA Medical Center - Salisbury, NC

7:30AM – REGISTRATION

9:00AM – RACE START

10:00AM – AWARDS

SPONSORSHIP OPPORTUNITIES

-
- Superhero - \$1000**
- Name on the Event Website and Auxiliary Facebook Page
 - Name or Logo on the Event Banner and Runner Capes
(please send black and white, high-quality logo to alaunit321huntersville@gmail.com)
 - 10 Race Fees included
- Champion - \$500**
- Name on the Event Banner and Runner Capes
 - 4 Race Fees included
- Defender - \$100**
- Name on the Event Banner
 - 1 Race Fee included
-

Please make checks payable to **American Legion Auxiliary Unit 321** and complete both sides of the attached form. Send check and form to:

Julie Hogan - 11203 Asbury Chapel Rd, Huntersville, NC 28078
704.904.3748 - alaunit321huntersville@gmail.com

DONATIONS MAY BE TAX DEDUCTIBLE.

HEROES 5K RUN - FAMILY FUN WALK

Please complete/return this form to: Julie Hogan - 11203 Asbury Chapel Rd, Huntersville, NC 28078
704.904.3748 - alaunit321huntersville@gmail.com

SPONSOR NAME (as you want it to appear on banner)		Contact Person	
Sponsor Level/Amount	E-mail Address	Phone	
Street Address	City	State	Zip Code

RACERS

1)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
2)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
3)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
4)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
5)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
6)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
7)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
8)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
9)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth
10)First Name	Last Name		Timed Runner? Y or N
E-mail Address	Phone	Gender M or F	Date of Birth

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American Legion Auxiliary Unit 321 – Huntersville, NC

May 18, 2019

Release of Liability

(must be signed by all participants, parents/guardians must sign for minors)

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

1)		
Print Name	Signature	Date
2)		
Print Name	Signature	Date
3)		
Print Name	Signature	Date
4)		
Print Name	Signature	Date
5)		
Print Name	Signature	Date
6)		
Print Name	Signature	Date
7)		
Print Name	Signature	Date
8)		
Print Name	Signature	Date
9)		
Print Name	Signature	Date
10)		
Print Name	Signature	Date

All proceeds benefit the PTSD and Recreational Programs at the VA Medical Center.
Donations may be tax deductible.