



Chasing Chas 5K and Fun Run

Saturday, December 12, 2015 at 9:00 A.M.
St. Luke's Episcopal School Upper Campus

Benefits: All proceeds go to Children's Hospital of Alabama

Location: St.Luke's Episcopal School Upper Campus
1400 South University Blvd., Mobile, AL 36609

Distance: 5K Run and Fun Run

Registration: Register online, by mail, or in person day of the race.

Entry Fees: Pre-Registration

Adult: \$20

Children (12 and under): \$15

Entry Fees include race entry (both 5K & Fun Run), post-race festivities and race t-shirt.

Race Day Registration

Adult: \$20

Children (12 and under): \$15

(no race shirt is promised)

Awards: The top male and female finishers in the following age groups: 8 and under, 9-13, 14-18, 19-25, 26-40, 41-60, 61 and over.

T-Shirts: In order to be guaranteed a t-shirt, race applications have to be received by December 5, 2015.

Post-race: Food and Beverages will be provided to all participants.

Last Name: _____ First Name: _____ Age: _____ Sex: M or F

Address: _____ City, ST, Zip _____

Date of Birth: _____ Phone: _____ E-Mail: _____

T-shirt size: YS YM YL S M L XL XXL Donation to Children's Hospital: \$_____

LIABILITY AND RACE AGREEMENT:

I know that running a road race is a potentially hazardous activity, which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running or walking this event, including but not limited to falls, contact with other participants, the effect of the weather, including high heat and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Children's Hospital, St.Luke's Episcopal School, The City of Mobile, volunteers, and their affiliated companies, their officers, directors, employees, and agents, and all sponsors, their representatives and all successors from all claims and liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the person(s) named in this waiver.

Signature of Participant: _____ Date: _____

(Parent/Guardian must sign for participants under 19)

Make checks payable to: **Children's Hospital of Alabama**

Mail this completed form and fees to: **Children's of Alabama Field Office at 18 Benedict Place,
Mobile, AL 36606**



