Save-A-Sole

2 Mile Run/Walk

Sunday August 7, 2016 7:30 AM

CONDUCTED BY: Complete Sports Productions For more info call 639-0303.

DATE & TIME: Sunday, August 7, 2016 at 7:30 AM

RACE LOCATION: Providence Hospital, Mobile, AL (east side) Building B

DISTANCE: Mostly flat course; double loop for the 2 Mile Run/Walk

SPLITS: Splits called at mile mark.

AWARDS: 2 MILE RUN: Awards to top ten men and women overall. We'll also have random drawings for other prizes.

REGISTRATION: Pre-register by mail (postmark by July 30), walk-in at McCoy Outdoor , Run-N-Tri, or Fleet Feet in Mobile or Running Wild in Fairhope by noon August 4 , or online at http://saveasole2016.eventbrite.com by 4 AM August 6.

ENTRY FEE: Pre-registered: $8.00 Day of race - $10.00.
Register Day of race from 6:30 to 7:15 AM at Providence Hospital.

DONATIONS: Please bring gently used shoes, unused race shirts, and canned goods to donate to the Waterfront Mission

SPONSORED BY: *Kiker Corporation, Sacro Wedgy® , Providence Hospital, Hydralyte(Vitalyte), and The Trophy Shop*

ENTRY FORM FOR Save-A-Sole 2 MILE RUN/WALK 2016

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

Address: _____ **City, State, Zip:** _____

Date of Birth: _____ **Phone:** _____ **Email:** _____

WAIVER, RELEASE & COVENANT NOT TO SUE (read carefully and sign)
In Consideration of Complete Sports Productions, LRH Productions, Providence Hospital, their sponsors, agents, servants, representatives, licensees, contractors, successors & agents organizing & conducting the above said race & allowing me to participate & run in said run. I hereby waive & discharge forever said Complete Sports Productions & LRH Productions, it's sponsors, agents, servants, representatives, licensees, contractors successors & assignees from any & all known or unknown, foreseen or unforeseen, bodily & personal injury, damage to property & the consequences thereof resulting from my running &/or participating in said race & covenant not to sue for any said injuries &/or damage. I attest & verify that I am physically fit & have sufficiently trained for the completion of this event & a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any & all of the foregoing to use any photographs, videotapes, motion picture recordings, or any other record of this event for any purpose whatever.

Signature_____Date_____
(Signature of Parent or Guardian if participant is under 19)

Make checks payable to: Complete Sports Productions
Mail to: Save-A-Sole; LRH Productions; PO Box 6976; Mobile, AL 36660