

SIMON SAYS...



RUN!!!

5.8 K Run/Walk for Prostate Cancer @

Saturday, September 9, 2017 7:30am

FLORA-BAMA
OLE RIVER BAR

Join us for the after race party at the Flora-Bama's
Ole River Bar



Free burgers & beer
for all registered participants



Pre-registered - \$30 Day of Race - \$35

Register online @ active.com or mail in

100% of all proceeds will be donated to the Prostate Cancer Foundation

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

Address: _____ City, State & ZIP: _____

Date of Birth _____ Phone _____ Email _____

T-Shirt Size: S M L XL XXL Runner _____ Walker _____

I am a prostate cancer: survivor patient family/friend I run to honor: _____

Additional Donation to PCF: _____

I know that running a road race is a potentially hazardous activity that 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, am in good health and am 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 in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by these guidelines. 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 Simon Says Run for Prostate Cancer Inc, Flora-Bama, LRH Productions, all sponsors, their representatives and 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 named in this waiver.

Signature of Participant _____ Date _____
(Parent/Guardian must sign for participants under 19)

Make checks payable to **Simon Says Run for Prostate Cancer**

Mail completed applications and fees to: **Simon Says Run for Prostate Cancer P.O. Box 6976, Mobile AL 36660**

For more event information please email simonsaysrunforprostatecancer@gmail.com

For more information about Prostate Cancer and The Prostate Cancer Foundation, please visit: www.pcf.org