	nks For Giving		
	November 23, 2014 8 AM		
CONDUCTED BY:	Complete Sports Productions For more info call 639-0303.		
DATE & TIME:	Sunday, November 23, 2014 at 8:00 AM		
RACE LOCATION:	Providence Hospital, Mobile, AL (east side) Building B		
DISTANCE :	Fairly 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 drawing for other prizes.		
REGISTRATION:	Pre-register by mail (postmark by November 17), walk-in at McCoy Outdoor and Run-N-Tri in Mobile or Running Wild in Fairhope by noon November 20, or online at Eventbrite.com by 4 AM November 21.		
ENTRY FEE:	Pre-registered: \$8.00 Day of race - \$10.00. Register Day of race from 6:30 to 7:30 AM at Providence Hospital.		
DONATIONS:	Please bring canned food, gently used shoes and unused race shirts to donate to the Waterfront Mission		
SPONSORED BY:	KIKER CORPORATION (www.kikercorp.com), SACRO WEDGY® (www.sacrowedgy.com), PROVIDENCE HOSPITAL (www.providencehospital.org), HYDRALYTE(VITALYTE) (www.hydralyte.com) The Trophy Shop		

ENTRY FORM FOR Thanks for Giving 2 MILE RUN/WALK 2014

Last Name:	First Name:	Age:	Sex: M F
Address:	City, State, Zi	p:	
Date of Birth:	Phone:	Email:	

WAIVER, RELEASE & COVENANT NOT TO SUE (read carefully and sign)

In Consideration of Complete Sports Productions & LRH Productions, it's 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: Thanks for Giving; LRH Productions; PO Box 6976; Mobile, AL 36660