

Thanks For Giving

2 Mile Run/Walk

Sunday November 18, 2018 7:30 AM



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

DATE & TIME: Sunday, November 19, 2017 at 7:30 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 11, walk-in at McCoy Outdoor, Run-N-Tri, or Fleet Feet in Mobile or Running Wild in Fairhope by noon November 15 or online <http://thanksforgiving2018eventbrite.com> by 4 AM November 16. Register Day of race from 6:30 to 7:20 AM at Providence Hospital.

ENTRY FEE: Pre-registered: \$8.00 Day of race - \$10.00.

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),
PROVIDENCE HOSPITAL (www.providencehospital.org),
SACRO WEDGY@ (www.sacrowedgy.com),
HYDRALYTE(VITALYTE) (www.hydralyte.com)
The Trophy Shop

ENTRY FORM FOR Thanks for Giving 2 MILE RUN/WALK 2018

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 applications to: Thanks for Giving; LRH Productions: PO Box 6976; Mobile, AL 36660