## Women's Care Medical Center Presents

## 5K LIFE RUN

	Saturday ~ February 24, 2018 ~ 8 AM
Benefits:	Women's Care Medial Center, a non-profit organization providing life-affirming options to men and women throughout Baldwin County since 1990, will receive 100% of the registration fees. All proceeds help to provide free services such as: pregnancy testing, ultrasound, prenatal care, STD testing, confidential counseling, parenting classes, and adoption referrals.
Location:	Downtown Daphne: start in front of Daphne City Hall, Daphne, AL 36526
Distances:	Certified 5K course (AL14019JD) Fun Run approximately 1 Mile.
Start Times:	8:00 AM – 5K Start Fun Run starts immediately following completion of 5K (approximately 9 AM)
Registration:	Online at www.friendsofWCMC.org
_	Mail In: (Postmark by 2/17) – Women's Care Medical Center, PO Box 1610, Robertsdale, AL 36567
	<b>Drop Off:</b> Women's Care Medical Center, McCoy Outdoor, Run-N-Tri, or Fleet Feet in Mobile, or Running Wild in Fairhope, or the Bounds Family YMCA in Daphne, until noon on February 21.
	Day of Race: 6:45-7:45 AM at Daphne City Hall
Entry fees:	Pre-registered: Adult - \$25 Children (16 and under) - \$20 **Free registration with \$200 or more in sponsor pledges.  Day of Race: Adult - \$30 Children (16 and under) - \$25  **Free registration with \$200 or more in sponsor pledges.  Download sponsor pledge form online at http://www.friendsofwcmc.org/Pages/Events/
Shirts:	Participants must be registered by February 10 to guarantee a t-shirt on race day. Applications received after February 10 will receive t-shirts while they last.
	***For a tech fabric shirt, there is an additional \$3 charge
Awards:	Top male and female Overall  Top male and female in age groups: 0-9, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
Post-Race:	Refreshments, awards, and door prize drawings after the race.  Special raffle drawing for a KAYAK donated by Gantt Financial Advisors, LLC
Weather Disclaimer:	This event will go on rain or shine; however, the organizers reserve the right to cancel due to dangerous conditions. Entry fees are not refundable and will be considered a donation to Women's Care Medical Center. Thank you for your support.
Last Name:	First Name: Age: Sex: M F
Address:	City, State & ZIP:
Date of Birth:	Phone: Email:
T-shirt: YM YL	
and properly trained, ar abide by any decision of participation for any rea other participants, the eappreciated by me. I ur buds are not allowed in accepting my entry, I, for of Daphne, LRH Produ	and race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and by my signature I certify that I am medically able to perform this event. I am in good health and I am properly trained. I agree to of a rate official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my ason whatsoever. I assume all risks associated with running or walking in this event, Including but not limited to: falls, contact with effects of (the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and inderstand that bicycles, skateboards, baby joggers, stroller's roller skates or blades, animals, and headsets, headphones, ear in the 5k race and I will abide by these guidelines. Having read this waiver and knowing these facts and in consideration of your or myself and anyone entitled to act on my behalf waive and release Women's Care Medical Center, Bounds Family YMCA, City actions (Margaret Olive), any of their representatives and successors from all claims or liabilities of any injury arising out of my not, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

(Parent/Guardian must sign for participants under 19)

Date

Make checks payable to: Women's Care Medical Center

Signature of Participant