

Clovers For A Cure 5K

Saturday ~ March 16, 2019 ~ 9:00 AM

Location: Spring Hill College Campus; USATF certified 5K course AL17028JE

Benefiting: All proceeds from this event will benefit the V Foundation, which has raised more than 100 million dollars

for cancer research nation wide. (For more information: https://www.iimmvv.org/)

Registration: Pre-registration should be competed in person at McCoy Outdoor, Run-N-Tri, or Fleet Feet in Mobile or

Running Wild in Fairhope until noon on March 14, or online at https://localraces.com/events/mobile-

al/clovers-for-a-cure-5k until 4 AM on March 15.

Race day registration and packet pick-up on the Spring Hill Campus from 8:00 - 8:45 AM.

Warm up with GLOW YOGA from 8:45 - 9 AM

 Entry fees:
 Registration Period
 Adult
 Student

 Early Bird (by February 28):
 \$15
 \$10

 Pre-Registration (3/1 - 3/15):
 \$20
 \$15

 Race Day:
 :
 \$25

Virtual Runner (no shirt; no running; staying in bed): \$8

** No shirt option - subtract \$3

Awards: Top three male and female finishers will receive gift cards to local businesses. Medals will be awarded to

the top male and female finishers in age groups: 9 and under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, and SHC sororities & fraternities for men and women. Team Spirit awards to the top SHC Team

and top Community Team.

Shirts: Participants registered by February 25 will be guaranteed a cotton tee shirt on race day. Shirts will not be

guaranteed after February 25.

Post-Race Party: Chick-Fil-A minis (4 per person), smoothies from Tropical Café, Carpe Diem Coffee, and music will be

provided after the race.

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Last N	ame		First Name					_ Age _.		Sex	М	F
Addres	ss	City, State & ZIP										
Phone		Date of Birth	·									
am on	ateam: SHC	Community	Team Name:									
Event:	5K Runner/Walker	Virtual 5K	5K Shirt Size:	YL	S	М	L	XL	XXL	No	Shirt (-\$3)
WAIVER	OF LIABILITY AND REL	EASE FORM - PLEASE	vers For A Cure 5K Saturday N READ CAREFULLY. THIS FOR	RM INCI	LÚDES	A REL						
		Chi") and held on the Sp	pant"), is registering to take part in pring Hill College campus to ber	efit The	V Fou	ndation	for Ca	ncer Res	éarch. I k	know that	running	а

road race or participating in sports events may be potentially hazardous activities and may cause injury, illness, or death. I acknowledge the Event is on a course/ track containing, but not limited to, road conditions and speed bumps. I should not enter and run or otherwise participate in Event unless medically able and properly trained. My signature below certifies that I am medically able to participate in Event, am in good health, and am properly trained. I assume all risks associated with participating in Event, including but not limited to contact with other participants, effects of the weather, including high heat and/ or humidity, falls, and traffic and conditions of the roads, all such risks being known, understood, and accepted by me. I understand and will abide by Event's prohibition against bicycles, baby joggers, roller blades, roller skates, skateboards, pets, and radio headsets. I agree that failure to observe all safety guidelines may disqualify me from the race. I also understand that video, webcast, photographs, and/ or other media capabilities (collectively referred to as "Video") will be captured and may be used for publicity and/or any other purposes in any broadcast, telecast, or other account of Event. I consent to this Video. I further acknowledge Participant's participation in Event is voluntary. Having carefully read THIS WAIVER OF LIABILITY AND RELEASE FORM, knowing these facts, and in consideration of Delta Chi accepting this entry and allowing me to participate in Event, I, for myself and anyone entitled to act on my behalf, understand and hereby waive, release, and discharge forever The Delta Chi Fraternity Spring Hill College Chapter, Spring Hill College, LRH Productions, LocalRaces.com LLC, and their respective agents, trustees, officers, employees, servants, representatives, contractors, successors, assigns, students, sponsors, and affiliates (all hereto named collectively referred to as "Releasees") from any and all claims or liabilities of any kind arising out of Participant's participation in Event even though that liability may arise out of negligence or carelessness on the part of Releasees named in this waiver and release Releasees from that liability. I, for myself and/ or as Participant's parent/guardian who is responsible for Participant, waive all ownership of any of the Video used for the above-mentioned purposes as well as do not hold Releasees responsible or liable for any Video.

______Signature of Participant AND Date
______Parent/ Guardian Signature AND Date*

*If Participant is under 19, the signature of responsible parent/guardian is also required.

Make checks payable to: The Delta Chi Fraternitv

Mail fees and completed forms to: Clovers for a Cure; LRH Productions; PO Box 6976; Mobile, AL 36660