

## **Covenant Hospice GLO RUN**

Glow-in-the-Dark 5K Run/Walk, 3/4 mile Fun Run Family Glo Games & AfterGlo Party Friday, November 7, 2014, 6:00 p.m. SGA Pavilion, Intramural Fields - USA Campus

Deficition.	ability to pay. All proceeds benefit unfunded patient care and family support services such children's support, bereavement, chaplain and volunteer services. All funds stay local and support patients and families in Mobile and Washington counties. Find out more at www.covenanthospice.org.						
Time:	5K Run 7:00 p.m., 5K Walk 7:05 p.m., Fun Run 7:10 p.m.						
Location:	SGA Pavilion, Intramural Fields, USA Campus (Cleverdon Blvd.) Mobile, AL						
Distance:	Certified 5K Course, 3/4 mile Fun Run						
Registration:	~ · · · · · · · · · · · · · · · · · · ·						■坂』□ Fast ※Ç√A Track! □ ₩ ##
Packet Pick Up:	Early Packet Pick Up Thursday, November 6, 4-7 p.m., Covenant Hospice (3103 Airport Blvd, Mobile, A Day of Packet Pick Up 6 p.m., SGA Pavilion						d, Mobile, AL)
Entry Fees:	Pre-Registered (I Adult 5K Run/Wa Children (12 & U Fun Run - \$10	alk - \$20	6):	Day of \$29 \$20 \$15	5 )		
Awards:	Top Male & Female Overall, Masters, Grandmasters. Top 3 male and female in age groups 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74 and 75-99.						
Shirts & GLO Gear:	Participants mus	t be registere	d by October 2	4, 2014, to be ថ	guaranteed a t-shirt a	ınd goody b	ag with glo gear.
AfterGLO Party:	Family Glo Game	es, music, as	sorted food, be	verages and av	vards will be provided	d after the r	ace.
Last Name:			First Name:			Age:	Sex: M F
			City, St, Zip:				
Phone:	Da	ate of Birth:		Email	i:		
Event: 5K Adult Walk	er 5K Ad	ult Runner	5K Chi	ld Walker	5K Child Runn	er !	Fun Run
Shirt Size: YS YM	YL YXL S	M L XL	XXL				
Total Donation to Cove	enant Hospice: S	\$					
I know that running a road reproperly trained, and by my any decision of a race official any reason whatsoever. I as effects of the weather, included understand that bicycles, skipuidelines. Having read this behalf, waive and release Corepresentatives and success negligence or carelessness	signature I certify that al relative to any asposume all risks associting high heat and/or ateboards, baby jogg waiver and knowing ovenant Hospice, LF sors from all claims of	at I am medical ect of my partic clated with runn rhumidity, traffgers, roller skalt these facts an RH Productions or liabilities of a	y able to perforr ipation in this ev ing or walking in ic and the condit es or blades, an d in consideratio , the University ony kind arising o	n this event, am in ent, including the this event, includ- ions of the road, a mals, and radio h in of your accepting f South Alabama	n good health and am p right of any official to d ling but not limited to: fa all such risks being kno neadsets are not allowe ng my entry, I, for myse , its employees, officers	properly trained leny or suspendalls, contact when and approper in the race of and anyoned, and anyoned, and agents	ed. I agree to abide by and my participation for with other participants, the eciated by me. I and I will abide by these e entitled to act on my , all sponsors, their
Signature of Participant:	(Parent/Cuerdin	Date: ent/Guardian must sign for children under 19)			Date:		
	(Pareni/Guardian	must sign for c	rıllaren under 19	)			
Make Checks Payable	to:	Covenan	t Hospice				

3103 Airport Blvd., Suite 410, Mobile, AL 36606

Mail Completed Application & Fees to: Covenant Hospice, Development Department