



Save-A-Sole



2 Mile Run/Walk

Sunday August 3, 2014 7:30 AM

- CONDUCTED BY:** Complete Sports Productions For more info call 639-0303.
- DATE & TIME:** Sunday, August 3, 2014 at 7:30 AM
- RACE LOCATION:** Providence Hospital, Mobile, AL (east side) Building B
- DISTANCE:** Mostly 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 drawings for other prizes.
- REGISTRATION:** Pre-register by mail (postmark by July 27), walk-in at McCoy Outdoor or Run-N-Tri in Mobile or Running Wild in Fairhope by noon July 31, or online at <http://savasole.eventbrite.com> by midnight August 2.
- ENTRY FEE:** Pre-registered: \$8.00 Day of race - \$10.00.
Register Day of race from 6:30 to 7:15 AM at Providence Hospital.
- DONATIONS:** Please bring gently used shoes, unused race shirts, and canned goods to donate to the Waterfront Mission
- SPONSORED BY:** *Kiker Corporation, Sacro Wedgy®, Providence Hospital, Hydralyte(Vitalyte), and The Trophy Shop*

ENTRY FORM FOR Save-A-Sole 2 MILE RUN/WALK 2014

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 to: Save-A-Sole; LRH Productions; PO Box 6976; Mobile, AL 36660

