

## Save-A-Sole

## 2 Mile Run/Walk Sunday August 2, 2015 7:30 AM

CONDUCTED BY:	Complete Sports Productions For more info call 639-0303.			
DATE & TIME:	Sunday, August 2, 2015 at 7:30 AM			
RACE LOCATION:	Providence Hospital, Mobile, AL (east side) Building B			
<b>DISTANCE</b> :	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.			
<b>REGISTRATION:</b>	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 30, or online at http://saveasole2015.eventbrite.com by 4 AM July 31.			
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 2015

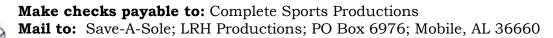
Last Name:	First Name:	Age: Se	<b>x:</b> M	F
Address:	City, State, Zip:			
Date of Birth:	Phone: Email: _			

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\_

(Signature of Parent or Guardian if participant is under 19)



Date