/T \1						
Ina	nks For Giving		1	M	B	
	2 Mile Run/Walk		A	R	WA?	2
Sunday N	November 19, 2017 7:30 A	Μ	HAP	P	Y Z	ľ.
CONDUCTED BY:	Complete Sports Productions For more info call 639-03	03.	THANKS	BIV	ING	1
DATE & TIME:	Sunday, November 19, 2017 at 7:30 AM			2	5	
RACE LOCATION:	Providence Hospital, Mobile, AL (east side) Building B				The	
DISTANCE:	Fairly flat course double loop for the 2 Mile Run/Walk		al -		Ser	
SPLITS:	Splits called at mile mark.					
AWARDS:	2 MILE RUN: Awards to top ten men and women overall. drawing for other prizes.	. We'll	also have r	ando)m	
REGISTRATION:	Pre-register by mail (postmark by November 12), walk-in N-Tri, or Fleet Feet in Mobile or Running Wild in Fairhope or online http://thanksforgiving2017.eventbrite.com by 4 A Register Day of race from 6:30 to 7:20 AM at Providence	e by no AM No	oon Novemb vember 17.			
ENTRY FEE:	Pre-registered: \$8.00 Day of race - \$10.00.					
DONATIONS:	Please bring canned food, gently used shoes and to donate to the Waterfront Mission	d unu	ised race s	hirl	ls	
SPONSORED BY:	KIKER CORPORATION (www.kikercorp.com), <i>PROVIDENCE HOSPITAL (www.providencehospital.org,</i> <i>SACRO WEDGY® (www.sacrowedgy.com),</i> <i>HYDRALYTE(VITALYTE) (www.hydralyte.com)</i> <i>The Trophy Shop</i>	ı),				
ENTRY FORM FOR Thanks for Giving 2 MILE RUN/WALK 2017						
Last Name:	First Name: Ag	ge:	Sex:	М	F	
Address: City, State, Zip:						
Date of Birth:	Phone: Email:					
In Consideration of Complete Spo licensees, contractors, successors waive & discharge forever said Co contractors successors & assigne consequences thereof resulting fro	NT NOT TO SUE (read carefully and sign) orts Productions, LRH Productions, Providence Hospital, their sponsors, agents, s & agents organizing & conducting the above said race & allowing me to particip omplete Sports Productions & LRH Productions, it's sponsors, agents, servants, es from any & all known or unknown, foreseen or unforeseen, bodily & personal om my running &/or participating in said race & covenant not to sue for any said or aufficiently trained for the completion of the covenant not to sue for any said	pate & rui represen injury, da injuries 8	n in said run. I h Itatives, licensee amage to proper k/or damage. I a	ereby s, ty & th	ne	

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

Make checks payable to: Complete Sports Productions Mail applications to: Thanks for Giving; LRH Productions: PO Box 6976; Mobile, AL 36660