



2ND ANNUAL MEMORIAL DAY RUN FOR THE WARRIORS

May 29, 2016 ★ Tampa, FL

EARLY REGISTRATION FORM

Last Name	First Name
Team Name	Date of Birth: MM/DD/YY Age
Mailing Address	Gender: M/F
City	State Zip
Email	Phone Number

10K 5K 1-Mile

- General: 1-Mile, 5K, 10K **\$30**
- Vet./Active Duty: 1-Mile, 5K, 10K **\$25**
- Student: 1-Mile, 5K, 10K **\$25**
- Gold Star Family Member **Free**
- Wounded Warrior **Free**

T-Shirt Size

- Youth L Adult S
- Adult M Adult L
- Adult XL Adult XXL

Military Status

- Active Retired

Are you participating as a wounded warrior?

- Yes No

Wheelchair participant?

- Yes No

Handcycle participant?

- Yes No

Waiver *MUST BE SIGNED TO PARTICIPATE*

"I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks: other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and/or my child and anyone entitled to act on my behalf, waive and release the event, and all organizers, directors, volunteers, and sponsors, as well as their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are non-refundable. Furthermore, I consent to Hope For The Warriors® use of my name, photographs, written accounts, video, or other recordings of me made during the event. I understand that these images may be used on flyers, brochures, displays, web pages, and their informational media."

Participants 18 and older must sign; if under 18, parent or guardian must sign.

Signature _____ Date _____

CHECK Please make checks payable to Hope For The Warriors® and mail to address below:

Registration Amount \$ _____ Donation Amount \$ _____

Total Amount \$ _____ Check # _____



Contact runinfo@hopeforthewarriors.org to learn more about Hope For The Warriors®

Mail form to Hope For The Warriors®, Run For The Warriors, 5101C Backlick Rd., Annandale, VA 22003

include chosen method of payment. Visit www.hopeforthewarriors.org/MemorialDay for more information.