



## Warrior 5K Run/ Walk

**Saturday, April 25<sup>th</sup>, 2015 @ 8:30 a.m.**

**\*\*Proceeds will benefit WOUNDED WARRIOR PROJECT\*\***

(Start location Pearl Stephens elementary in the FRONT parking lot)

Please complete application entirely and attach payment.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Gender \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Entry Fee (\$25) \_\_\_\_\_ Race Day (\$30) \_\_\_\_\_

T-shirt Only (\$15) \_\_\_\_\_ T-shirt size (S, M, L, XL, XXL) \_\_\_\_\_

**SPONSOR** (circle one): \$200 \$100 \$25 or other \$ \_\_\_\_\_

**\*Deadline for registration to guarantee a t-shirt is April 10<sup>th</sup>, 2015. (Limited shirts available on race day)**

**Please make checks payable to and mailed to the following:**

**Pearl Stephens Elementary School  
420 Pearl Stephens Way  
Warner Robins, GA 31098  
Attn: Ginnie White (ginnie.white@hcbe.net)**

**WAIVER:** -In consideration of your acceptance of this entry: I intend to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Pearl Stephens Elementary School and other sponsors and their representatives, successors and their assigns for any and all injuries suffered during this event. I attest and verify that I will participate in this event as a footrace entrant and that I am physically fit and sufficiently trained for the completion of this event and my physical condition has been verified by a licensed Medical doctor. I hereby grant full permission to any and all the foregoing to use my name, likeness and voice, as well as any photographs, videotapes, motion pictures, recordings or any other record of this event in which I may appear for any legitimate purpose including television broadcast of this event, the reuse in any media of this broadcast and in advertising and promotion for such a broadcast and reuse.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**(\*Parent's signature required for applicants that are 17 years of age or younger)**

For more information please contact: [ginnie.white@hcbe.net](mailto:ginnie.white@hcbe.net) or [anita.earthly@hcbe.net](mailto:anita.earthly@hcbe.net)