



HOPE SPRINGS ETERNAL 5K FUN RUN/WALK

Saturday, May 10, 2008 – 9:00 AM

(Registration/Package Pick Up: 8:00 am – 8:45 am)

Race Location: Main Pavilion, Decatur Square

Participant goodies:

Cool 100% multicolor t-shirts, bagels, fruit, and water!

Trophies/age groups: overall male/female, plus 3 deep in 5 year age groups from 19 and under to 65 and over

REGISTRATION:

Register by 5/7/08 - \$25.00

Late & Race Day Registration - \$30.00

Race Contact: Ed Williams (404) 327-7738 or email: roadraceservices@comcast.net

HOPE SPRINGS ETERNAL 5K

Registration Form

Make check payable to: Emory University
& mail completed registration form to:

The Hope Clinic
603 Church Street
Decatur, GA 30030

PLEASE PRINT CLEARLY

Name: _____ Phone: _____

Address _____

City/State/Zip _____

E-Mail Address: _____ (information will not be distributed)

Age: _____ [] Male [] Female

Event: [] 5K Run [] 5K Walk

T-shirt Size: [] Adult Small [] Adult Medium [] Adult Large [] Adult X-Large

Entry Fee: _____

Tax Deductible Donation to the Hope Clinic: _____

Total Enclosed: _____

Waiver: I know that running a road race is a potentially hazardous activity, I am in proper physical condition to compete in this run/walk and assume all risks associated with my participation including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and/or humidity, traffic and the conditions of the road, all such risks being known appreciated by me. I will not wear headsets or any device that restricts my hearing or other perception. In consideration of this entry, for myself and anyone entitled to act on my behalf, I waive and release the Hope Clinic, Emory University and its trustees, officers, agents, and employees and all race officials, volunteers, sponsors, and any other individuals or entities associated with this event. Furthermore, I hereby grant the agents of this event permission to use photographs, videotapes, motion pictures, recordings, audiotapes or any type of recording of me in this event in any way deemed appropriate by the Hope Clinic.

Signature of Participant

Date

Parent/Guardian if under 18