



5th Annual Walk for Hope

September 11, 2010

Southern Pines Sports Complex ♦ Dublin GA

featuring

9/11 Commemoration @ 3 PM

Family Fun Day • 3 PM to 7 PM

1 mile Walk/Run @ 7 PM

5K Candlelight Run/Walk @ 8 PM

Candlelight Finish

350+ candles will light up the 5K finish line. Each candle represents a resident served by Promise of Hope.

Male and Female Awards

1 Mile Top Overall, 1st, 2nd and 3rd in age groups
(6 & Under, 7-9, 10- 12, 13-15, 16-19, 10 year age groups age 20 thru 70 & over)

5K Top Overall, Overall Master (40 and over), 1st, 2nd, & 3rd in five year age groups
(10 & under thru 70 & over)

A Family Fun Day

Splash Pad Park, Water Slide, Jumpy Houses, clowns, face, painting, volleyball, free hamburgers/hotdogs/water, continuous music from area bands/groups, and much more. For more details, contact Dianne Jackson 478.998.9011 or dwages-jackson@bassphysicaltherapy.com.

\$10 ages 4 and up (under 4 free)

Additional \$5/each Walk T-shirt
Please pre-order. Use Walk/Run Entry Form to show sizes.

\$30 cap/family of five (immediate family, under 4 free)

Name _____

Address _____

Email _____ Phone _____

MAKE CHECKS PAYABLE TO: **Promise of Hope**

Walk for Hope is made possible through a partnership with Promise of Hope and the Dublin-Laurens Recreation Authority

5K Candlelight Run/Walk and 1 mile Walk/Run ENTRY FORM

Or (<https://poh.webconnex.com/registeronline>)

LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

PHONE _____ CELL _____

AGE AS OF 9/11/10 _____ BIRTH DATE _____

Race(s): 1 Mile 5K (add \$10 for both) Male Female

\$15 before 9/3 with t-shirt

Registration for 1 mile or 5K includes

\$20 race day with t-shirt (if available)

admission for Family Fun Day

Credit Card # _____ expiration date: _____

If t-shirt is desired, check size: YS ___ YM ___ YL ___

S ___ M ___ L ___ XL ___ XX ___ XXX ___

RELEASE FORM

This activity may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic & conditions of the road. By participate in this event, I hereby expressly assume all risks, including personal injury & death, arising in any way out of my participation in the Walk/Run. I am solely responsible for my own health and safety. I represent & warrant that I am physically fit and able to participate in this event and agree to stop and request assistance if I experience any symptoms such as, but not limited to dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify, & hold harmless Promise of Hope, Inc., directors, volunteers, board members, and employees, & all sponsoring businesses & organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of participation in these events and related activities--whether it results from the negligence of any of the above or from any other cause. This release & indemnification agreement shall be as broad and inclusive as permitted by the State of Georgia. If any portion of it is invalid, the balance shall continue in full force and effect. I have read, understand & agree to the terms of this Agreement.

Signature _____ Date: _____

Parent/Guardian: _____ (if under 18 years old at time of entry)

MAKE CHECKS PAYABLE TO: **Promise of Hope**

MAIL ENTRY FORM TO:

Promise of Hope

P O Box 321

Dudley GA 31022

FOR MORE RACE INFO:

Tommy Thompson

(478) 676-2042

jethomps@progressivetel.com