

Charity Benevolent Fund Donation Drive 5K

_____ \$25 5K Run/Walk or Treadmill

_____ \$25 Phantom

_____ \$22 No-T-Shirt

_____ \$ Other Donation

Please make check payable and mail to: Charity Benevolent Fund P.O. Box 1014 Gray, GA 31032.

Contact: Larry Manuel E | cservice@mycbf.org, P | (478) 444-9781, W | <http://mycbf.org>.

Waiver: In consideration of this entry being accepted, I hereby waive all claims for myself and my heirs against Charity Benevolent Fund, its sponsors, race officials, and volunteers from any illness, which may directly or indirectly result from participation in these events. I further state that I am in proper condition to participate in this race. I give permission for free use of my name, picture in any broadcast, telecast, visual/ or written account of the event.

Applicant Signature: Required Date (Parent Signature if Under 18).