



Hope Glows 5K Run/Walk Registration Form | **10/19/19**

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____ Gender: ☐ Male ☐ Female Age: _____

To guarantee shirt by race day, register by 10/8/19

T-Shirt Size (Pick One): ☐ Youth X Small ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth X-Large
☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

T-Shirt Extended Sizes (Pick One): **Extended Sizes will incur an additional \$2.00 charge per shirt**

☐ Adult XX Large ☐ Adult 3X ☐ Adult 4X ☐ Adult 5X

Individual Registration Fee: ☐ \$20

Individual Registration Fee (Extended Shirt Size):

Form of Payment: ☐ Check (Payable to First National Bank) ☐ Cash ☐ Relay for Life Donation (Optional)

Please read and sign to agree to the following waiver disclosure:

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may have against The First National Bank in Creston, City of Creston, American Cancer Society and individuals or groups associated with this event, their agents, representatives, successors and assigns for any and all injuries suffered by myself in said event. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate in this event. The American Cancer Society is not directly associated with this event. Event will take place, rain or shine. All registration fees are non-refundable.

Signature: _____ Date: _____

(Parent/Guardian Signature if participant is under age 18)

Internal Use Only: ☐ T-Shirt