




# HEATHER RIDLEY-FLEEMAN BATTLE FOR HOPE OFFICIAL REGISTRATION FORM

ONLINE REGISTRATION AND PAYMENT ARE AVAILABLE AT [www.heathersraceforhope.com](http://www.heathersraceforhope.com)

One form per entrant, copies are acceptable. All registrations MUST be signed. The event, **Saturday, May 5, 2018**, will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds and your entry fee will be used as a donation to Hope Cancer Resources. All pre-registered participants will receive a T-shirt. Additional T-shirts will be available on a first-come basis after pre-registration deadline of April 6, 2018.

Name Last: _____ First: _____ MI: _____		<b>Are you a cancer survivor?</b> Yes      No	
Date of Birth: _____	Sex: M   F	Age on 5/5/18: _____	
Address: _____		Phone: _____	
City, State, Zip: _____			
Email: _____		Cell Phone: _____	
Shirt Size <b>Guaranteed through 4/6/2018</b> ADULT: S   M   L   XL   XXL      CHILD: XS   S   M   L			
<input type="checkbox"/> 10K Run <input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk <b>You must complete team information to be listed as a member of a team. Team registrations are due by April 6, 2018.</b>			
Team Name: _____		Team Captain: _____	
<small>Release: I know that running and volunteering to work in races are potentially hazardous activities. I should not enter and run in this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Heather Ridley-Fleeman Battle for Hope, Hope Cancer Resources, Bentonville Schools, Race Wizard, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or event activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.</small>			
<b>Signature:</b> _____			Date: _____
<b>Parent Signature if under 18 years:</b> _____			Date: _____
Check out the event website at <a href="http://www.heathersraceforhope.com">www.heathersraceforhope.com</a> for <b>online registration and payment</b> , as well as event details. Make checks payable to <b>Hope Cancer Resources</b> and mail to 5835 W. Sunset, Springdale, AR 72762			

<p><b>Registration Fees</b>  <b>Register by April 6—Adults \$25; Kids (12 and under) \$15</b>                  Adults: \$30 April 7-May 4; \$35 Day of Event                  Kids (12 &amp; under): \$20 April 7-May 4; \$25 Day of Event</p> <p>Registration Fee: _____                  Prize Tickets: _____ \$6.00 each or 2 for \$10.00                  Donation: _____  <b>Total enclosed:</b> _____</p> <div style="text-align: center;">   <small>Support for the Journey. Education for Life.  <a href="http://www.hopcancerresources.org">www.hopcancerresources.org</a></small> </div> <p><input type="checkbox"/> My Employer will match my donation.                  Employer: _____ Phone: _____</p>	<p><b>Method of Payment</b></p> <p><input type="checkbox"/> Check      <input type="checkbox"/> Visa  <input type="checkbox"/> Cash      <input type="checkbox"/> MasterCard</p> <hr/> <p>Card Number _____</p> <hr/> <p>CCVC _____ Exp. Date _____</p> <hr/> <p>Signature _____</p> <p style="text-align: center;"><b>GOLD SPONSORS</b></p> <div style="display: flex; justify-content: space-around;">   </div>
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