

HEATHER RIDLEY-FLEEMAN BATTLE FOR HOPE

OFFICIAL REGISTRATION FORM

ONLINE REGISTRATION AND PAYMENT ARE AVAILABLE AT www.heathersraceforhope.com

One form per participant, copies are acceptable. All registrations MUST be signed. The event, **Saturday, May 4, 2019**, 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 5, 2019.

Name		Are you a cancer survivor?	
Last:	First:	MI:	Yes No
Date of Birth:	Sex: M F	Age on 5/4/19:	
Address:		Phone:	
City, State, Zip:			
Email:		Cell Phone:	
Shirt Size Guaranteed through 4/5/2019			
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			
You must complete team information to be listed as a member of a team. Team registrations are due by April 5, 2019.			
Team Name: _____		Team Captain: _____	

Release: I know that participating or 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 race. I assume all risks associated with participating or 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, Bentonville Parks and Recreation, 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.

Signature:

Date:

Parent Signature if under 18 years:

Date:

Check out the event website at www.heathersraceforhope.com for **online registration and payment**, as well as event details.
Make checks payable to **Hope Cancer Resources** and mail to 5835 W. Sunset, Springdale, AR 72762

Registration Fees

Register by April 5—Adults \$25; Kids (12 and under) \$15

Adults: \$30 April 6-May 3; \$35 Day of Event

Kids (12 & under): \$20 April 6-May 3; \$25 Day of Event

Registration Fee: _____

Prize Tickets: _____ \$6.00 each or 2 for \$10.00

Donation: _____

Total enclosed: _____



Support for the Journey. Education for Life.
HopeCancerResources.org

My Employer will match my donation.

Employer: _____ Phone: _____

Method of Payment

Check Visa

Cash MasterCard

Card Number _____

CCVC _____

Exp. Date _____

Signature _____

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