



Saturday, June 8, 2024

REGISTER BY MAY 20th

CHECK-IN BEGINS: 7:30 AM 5K BEGINS: 8:00 AM

NAME:							_ Age Divisions:				
						(Circle	One - must	be age on	5/20/23		
PHONE:				SEX:		5-10	20-29	50-59	9		
						11-15	30-39	60 ar	nd over		
ADDRESS:						16-19	40-49				
T-SHIRT SIZES (CIRCLE ONE):	SMALL YOUTH	MEDIUM YOUTH	LARGE YOUTH	SMALL	MEDIUM	LARGE	XL 2XL + \$2	3XL + \$3	4XL + \$4		
5K ENTRY FEES: • \$30 Adult Rt • \$35 Adult Rt		ter <i>May 1, 2</i>		-	ent (under ent (under	,		ay 1, 26	23		
Release and waiver of liability: I agree that I will not mishaps incurred in connection with the Abigail Porture grant authorization for the free use of my not make the control of the free use of my not make the control of the free use of my not make the control of the free use of my not make the control of the free use of my not make the control of the control of the free use of my not make the control of the free use of my not make the control of the	regnancy Ser	vices 5K Run/V	Valk. I attest t	hat I am physi	ically fit and suf	ficiently trained					
PARTICIPANT'S SIGNATURE:						_ DATE:					
*If under 18, the participant's parer	nt or guard	ian must sign	1								





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NAME:					Age Divisions: (Circle One - must be age on 5/20/23					
PHONE:				SEX:		5-10		0-29	50-59	
ADDRESS:						11-15 16-19		0-39 0-49	60 an	d over
T-SHIRT SIZES (CIRCLE ONE):	SMALL YOUTH	MEDIUM YOUTH	LARGE YOUTH	SMALL	MEDIUM	LARGE	XL	2XL + \$2	3XL + \$3	4XL + \$4

• \$35 Adult Runners after May 1, 2023 • \$30 Student (under 18) Runners after May 1, 2023

• \$25 Student (under 18) Runners

Release and waiver of liability: I agree that I will not hold Abigail Ministries, The City of Willard, or any other organizing parties liable for any injuries, accidents, or mishaps incurred in connection with the Abigail Pregnancy Services 5K Run/Walk. I attest that I am physically fit and sufficiently trained to participate in this event. I further grant authorization for the free use of my name and/or photographs, videotapes, or recordings of my participation in the event.

PARTICIPANT'S SIGNATURE:	DATE:	

\$30 Adult Runners





Saturday, June 8, 2024

REGISTER BY MAY 20th

Check-in begins: 8:00 AM Walk begins: 9:00 AM Distance: 1.5 miles

NAME:									
PHONE:									
ADDRESS:									
T-SHIRT SIZES (CIRCLE ONE):	SMALL YOUTH	MEDIUM <i>YOUTH</i>	LARGE YOUTH	SMALL	MEDIUM	LARGE	XL	2XL 3	3XL 4XL
		I INTEND TO BE G	TO RAIS	SE \$35 C REGISTR	R MORE ATION				
Release and waiver of liability: I agree that I will no mishaps incurred in connection with the Abigail Pr further grant authorization for the free use of my n	egnancy Serv	rices 5K Run/W	alk. I attest th	at I am physi	cally fit and suf	ficiently train	ed to pai		
PARTICIPANT'S SIGNATURE:				J		DATE			
*If under 18, the participant's parei	nt or guardi	an must sign							
Abigail Pregnanc Services JAME:	Y		ALK 2024 Way	For Life & St	Che Wal	Cay, REGISTER ck-in begin k begins: tance:	BY MA		AM AM
PHONE:									
ADDRESS:									
Γ-SHIRT SIZES (CIRCLE ONE):	SMALL YOUTH	MEDIUM YOUTH	LARGE YOUTH	SMALL	MEDIUM	LARGE	XL 2	2XL 3)	KL 4XL
		I INTEND	TO RAIS						

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PARTICIPANT'S SIGNATURE:	DATE:	