

Conquer A Cove Race Registration Form

Please Print.

First Name _____ Middle Initial ____ Last Name _____

Birth date: _____ Sex M F

Address _____

City _____ State _____ Zip _____

Telephone _____ Cancer Survivor? Y N

I am running in memory of _____

I am running in honor of _____

Email address: _____

T-shirt size (circle one): S M L XL (adult), or M (child)

Check those that apply:

	Early Registration (by April 9)		Late Registration (after April 9)	
5K Run	\$20.00	___	\$25.00	___
5K Walk	\$20.00	___	\$25.00	___

Contribution to sponsor a participant \$ _____

Total \$ _____

Make checks payable to: "The Hope Chest for Women"

Complete and return with payment to: Conquer A Cove, PO Box 16948, Asheville NC, 28816

Waiver: Upon acceptance of my entry, I, for myself, my heirs & assigns, hereby release the sponsors (to include, but not limited to) Mount Pisgah Academy, the Asheville-Pisgah Church School, the Carolina Conference of Seventh-day Adventists, and any and all sponsors not named in this waiver, officials and volunteers of the Conquer A Cove 5K Fitness Race, Walk and Fun Runs from any and all liability arising from illness, injury or death I may suffer as a result of my participation in this event. I attest that I am physically able, and sufficiently trained for this event and am aware that participation in this even could result in physical injury. Should officials determine that completion of the event would be injurious to my health, I consent to be removed from the event and treated by designated medical personnel. I agree to accept the decisions of the officials as final. I also give permission for the free use of my name and picture in any broadcast, telecast, or written account of the race.

Signature _____ Date _____

if under 18:

Parent/Guardian _____ Date _____