

**CONQUER A COVE '15 5K**  
 FITNESS RACE HEALTH WALK  
**Sunday, April 19, 2015** **1:00-4:00 PM**  
**5K Run and Walk** **2:00 PM**

**EARLY REGISTRATION**  
**Holcombe Cove Residents**

PLEASE PRINT! ONE FORM PER ENTRANT

First Name \_\_\_\_\_ MI \_\_\_\_ Last name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age on 4/21/2015 \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 T-shirt size (circle one): Youth Medium Adult Small Adult Medium Adult Large Adult XL  
 Cancer survivor? Y\_\_\_\_ N\_\_\_\_

I am walking/running in honor of \_\_\_\_\_

I am walking/running in memory of \_\_\_\_\_

|              |   |  |
|--------------|---|--|
| <b>Event</b> | <b>Early Entry Fee</b><br><b><u>through April 10<sup>th</sup></u></b> | <b>Late Entry Fee</b><br><b><u>after April 10<sup>th</sup></u></b> |
|--------------|---|--|

|                |  |  |
|----------------|--|--|
|                | EARLY REGISTRATION                                     | LATE REGISTRATION                                      |
| <b>5K Run</b>  | <input type="checkbox"/> <input type="checkbox"/> \$20 | <input type="checkbox"/> <input type="checkbox"/> \$25 |
| <b>5K Walk</b> | <input type="checkbox"/> <input type="checkbox"/> \$20 | <input type="checkbox"/> <input type="checkbox"/> \$25 |

**Day-of-Event Registration Fee: \$30.00**

**Total Enclosed** \$ \_\_\_\_\_ Fees are non-refundable, but are tax deductible.

Make check payable to **The Hope Chest for Women** and mail to: **Hope Chest for Women \* PO Box 5294 \* Asheville, NC 28813**

Waiver: Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release the sponsors (to include, but not limited to) The Hope Chest for Women, Hope-Women's Cancer Center, Conquer A Cove 5K Run and Walk, Asheville Pisgah Christian School, Mount Pisgah Academy, 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 Run and Walk, 1 Mile Fitness Run and ¼ Mile Kids' Run 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 the event 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, written account or Web posting of the race.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_