

Make checks payable to **Spreading Hope 5K**. Mail your registration form, signed waiver, \$20 registration fee and/or donations to **608 S. Broad St., Scottsboro, AL 35768**.

5K Registration

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Male _____ Female _____ Age _____

Birthdate _____

Email _____

Adult Shirt Size _____

Race Waiver: As consideration for acceptance of my entry, I hereby for myself, heirs, executors, administrators, executors and assignees release all race officials, City of Scottsboro, and the executors of Sayde's Fund from any and all liability, claims, demands, actions, losses, or damages arising out of or relating to any injury, illness, loss, or damage, including death, as a result of participation in this event.. I further certify that I am physically fit and that I have trained sufficiently to participate in this event.

Signature: _____

Date: _____

Fun Run Registration

Child's name _____ Age _____

Child's name _____ Age _____

Child's name _____ Age _____

Guardian Signature _____

Date _____