



**Sunday, April 25, 2021**  
**Mill Creek Park, Statesboro, GA**

Registration begins at 7:00 a.m.  
 5K starts at 8 a.m.

We cordially invite you to participate in the 9th Annual Chocolate Run. This event will raise

money for and awareness of Open Hearts Community Mission which helps the homeless of Statesboro and Bulloch County with their immediate needs while providing resources to get them back on their feet.

Registration Form									
Name									
Address									
City		State		Zip					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yy)						
Email									
Day Phone			Team Name (\$5 off for teams of 10 or more)						
T-Shirt Size	YOUTH SIZES		ADULT SIZES						
	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL
Emergency Contact Name									
Emergency Contact Phone									
Registration Fee Enclosed <i>(All Entry Fees are Non-refundable)</i>	<b>IN-PERSON RACE</b>			<b>VIRTUAL RACE</b>					
	<input type="checkbox"/> \$25 – <b>5K</b> Early Registration (on or before 4/15/21) <input type="checkbox"/> \$30 – <b>5K</b> Late & Race Day Registration (after 4/15/21)			<input type="checkbox"/> \$25 – <b>5K</b> Early Registration (on or before 4/15/21) <input type="checkbox"/> \$30 – <b>5K</b> Late & Race Day Registration (after 4/15/21)					
<b>GENERAL RELEASE &amp; HOLD HARMLESS AGREEMENT MUST BE READ AND SIGNED BY ALL RACE PARTICIPANTS.</b>									
<p>In consideration of your accepting me/my child's registration, I hereby for myself, my child, my heirs, executors and administrators waive and release any and all rights and claims for damage I or my child may have against race organizers or sponsors including all representatives who are in any way connected with this event/program. Further, in the event of injury, I do hereby give permission and consent to authorize such First Aid and/or Medical and/or Hospital care or treatment as deemed appropriate. In addition, I am aware of the provisions covered by the fee for this event and I understand that if any emergency arises, any and all additional expenses incurred must be borne or assumed by the participants.</p>									
Signature (Parent or Guardian if participant is under 18)									

Mail registration form to: **OHCM, PO Box 2048, Statesboro, GA 30459**. PLEASE MAIL BY APRIL 15, 2021.