



Sunday, April 25, 2021
Mill Creek Park, Statesboro, GA
 5K starts at 8 a.m.

Or Virtually – Anytime, Anywhere

| 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> | IN-PERSON RACE | | | VIRTUAL RACE | | | | | |
| | <input type="checkbox"/> \$25 – 5K Early Registration (on or before 4/15/21) <input type="checkbox"/> \$30 – 5K Late & Race Day Registration (after 4/15/21) | | | <input type="checkbox"/> \$25 – 5K Early Registration (on or before 4/15/21) <input type="checkbox"/> \$30 – 5K Late & Race Day Registration (after 4/15/21) | | | | | |
| Bib Color for Social Distancing | <input type="checkbox"/> Red – Stay away! I am here to run only! | | <input type="checkbox"/> Yellow – I am ok with elbow bumps. | | <input type="checkbox"/> Green – High five's are OK with me! | | | | |
| | GENERAL RELEASE & HOLD HARMLESS AGREEMENT MUST BE READ AND SIGNED BY ALL RACE PARTICIPANTS. | | | | | | | | |
| 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. | | | | | | | | | |
| 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.