

Grace Place Pregnancy Care Center

Virtual 5k Fundraiser

Name: _____

First

Last

Address: _____

City

State

Zip Code

Age: _____ Male/Female T-shirt Size: Adult: S M L XL XXL Child: S M L

Phone Number: () _____

Email: _____

Payment Information:

Cash

Check

Credit Card _____

Card Number

Exp Date

CVV

Type

I hereby absolve and hold harmless the race sponsors and all persons connected with the Labor of Love Virtual 5K, from any liability or injury by me while participating in the run or walk. I further provide that this hold harmless agreement applies to my heirs, executors & assignees. I am physically fit to participate in this event.

✘ Signature of Participant: _____ Date: _____

Photos of you running or walking can be sent via email to chayli.hammond@gmail.com or through Messenger to Grace Place Pregnancy Care Center to be entered to win the free pair of running shoes from Brown's Shoe Fit of Liberal. We will be posting the all the photos to our Facebook Page to celebrate our event.

✘ May we use your photo: Yes/ No

Thank you for supporting Grace Place Pregnancy Care Center