



**Saturday, February 22, 2020
GSU RAC Pavilion**

Registration begins at 7:00 a.m.
Fun Run starts at 8:00 a.m.
5K/10K starts at 8:30 a.m.

We cordially invite you to participate in the 8th 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 <small>(\$5 off for teams of 10 or more)</small>			
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 <input type="checkbox"/> 3XL			
Emergency Contact Name					
Emergency Contact Phone					
Registration Fee Enclosed <small>(All Entry Fees are Non-refundable)</small>	<input type="checkbox"/> \$10 - Fun Run \$10				
	<input type="checkbox"/> \$25 – 5K Early Registration (on or before 2/15/20)		<input type="checkbox"/> \$35 – 10K Early Registration (on or before 2/15/20)		
	<input type="checkbox"/> \$30 – 5K Late & Race Day Registration (after 2/15/20)		<input type="checkbox"/> \$40 – 10K Late & Race Day Registration (after 2/15/20)		
GENERAL RELEASE & HOLD HARMLESS AGREEMENT MUST BE READ AND SIGNED BY ALL RACE PARTICIPANTS.					
<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 FEBRUARY 15, 2020.**