

Waiver

Please Review and sign below:

In consideration of your acceptance of this entry, I hereby, for myself, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors and assigns, and will hold them harmless for any and all injuries suffered in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with the said event. I have been warned I must be in good health to participate in this event. I also give permission for the free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form. I acknowledge I have read and fully understand my own liability and do accept restrictions.

Participant's Signature:

Parents Signature:

(If minor, include parent signature as well)

Detach registration form along with the signed waiver and return or mail to:

Samaritan's Hand
1714 N 8th St; Suite 4
Sheboygan, WI 53081

Strollers & Wheelchairs

All are welcome. No Dogs, rollerblades/skate, scooters or skateboards. We do ask everyone to respect the space and safety of all participants. Event will proceed rain or shine. Sorry, no refunds given.

Chair massages for all participants sponsored by MaryEllen at Falls Salon & Spa!

Facebook: samaritanshandsheboygan

The cost of the run is not a donation, but the amount that covers the cost of the event's expenses. Please consider making a donation or rounding up your amount if you'd like to make a donation to this mission. Thank you!

Course will start at the Sheboygan County YMCA, 812 Broughton Dr. Up the hill on Lakeshore Dr to North Point to the turn around. Then back down the hill. 2 Mile runners/walkers will go thru the arch to finish. The 5K runners will keep heading south, on Broughton Dr, around the YMCA/Marina parking lot one time & finish through the arch. (All participants start on green, all head back down on yellow. 2 mile participants end at arch. 5K continue on red & will end running through the arch)

****Walkers: Please be aware of runners & leave room for them to pass you****



5th Annual Glow Run/Walk
5K & 2mile run/2 mile walk
Friday October 12th
Registration
inside Sheboygan YMCA
6 P.M.-6:55 P.M
7P.M. start time.

Awards ceremony following the completion of the runners finishing!!

Samaritan's Hand Faith-Based Drug & Alcohol Outpatient Clinic is completely funded by donations & our own fundraising events. All proceeds go back into our community.



Cost of Event:

- \$20 On or before Sept 24th
 - \$15 w/out a shirt
 - \$85 for a family of 5 (Immediate Family only: in the same household, for each additional member, add10.00)
 - \$25 After Sept 24th

** T-shirts are guaranteed if registration form is received by Sept 24th 2018 along with **2 Glow bracelets.**

After Sept 24th, T-shirts are not guaranteed

Pledge Form:

If \$100 or more is raised in pledges, the entry fee will be waived. Pledge forms can be printed from www.samaritanshand.org or picked up at

Samaritan’s Hand Building located at 1714 N. 8th St; Suite 4/ 53081
 Make checks payable to Samaritan’s Hand, Inc.

Contact Information:

If you have any questions you are more than welcome to contact us.
 Website: www.samaritanshand.org
 Phone: 920-254-6922 please direct any questions or concerns to Julie

Sponsored in part by the following businesses:

(Want to be a sponsor? Please call 254-6922 for more information)



Registration Form: p

Participants (Please Print)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

****E-mail:** _____

****ALL** Participants each **MUST** fill out & sign a registration form! Photocopies of the registration form are welcome!

Awards for 2 mile & 5K runners

Sex: Male Female

Age groups are as follows: 6 & under

7-8 9-10 11-13 14-16 17-19

20-24 25-29 30-34 35-39 40-44

45-49 50-59 60-69 70+

Shirt Size:

Youth: S ___ M ___ L ___

Adult: S ___ M ___ L ___ XL ___

XXL ___ (\$2.00 Extra)

3XL ___ (\$2.00 Extra)

****Yes, I'd like to round up \$_____ extra for a donation to this mission.**

Samaritan’s Hand Glow Run/Walk

Please select one:

2 mile walk 2 mile run 5K run

+++++

For office use: pd before 24th pd after 24th

Cash pd: _____ Donation “round up”: _____

Check #: _____ Check amount: _____ \$ for: _____

Participant Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____

Team Name _____



Samaritans Hand

Please bring your collected donations with you on the day of the event or mail/drop them off prior to the event.

Pledge Form

Contributor's Name	Address	City / Zip	Telephone	Sponsor Donations	Other	Cash / Check
				\$20	\$10	
				\$20	\$10	
				\$20	\$10	
				\$20	\$10	
				\$20	\$10	
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				\$20	\$10	
				\$20	\$10	
				\$20	\$10	
Total Donations				\$20	\$10	

For more information, go to www.samaritanshand.org