

Reminding Us How Important We are to Each Other and Our Families

Sunday August 26th, 2018

9:00am 10k+ Run or 2 mile Run Redwood Park and Community Forest, Arcata

## HealthSPORT

Committed to Health & Peace



Proceeds donated to the PacOut Green Team in Kevin's name.



Submit Completed Registration to any HealthSPORT by 8/24. To Order a T-Shirt Submit Completed Registration to any HealthSPORT by 8/1.

First Name	Last Name
Male Female Age Date of Bi	rth Phone
Email	Emergency Contact (Name/Phone)
Mailing Address	
Select Your Run and Options: 10k	(+) Run & 2 mile Run [Starts @ 9:00am]
2 mile Trail Run w/T-shirt \$25 T-Shirt Sty	rle: Male Female
10K+ Trail Run w/T-shirt \$25 T-Shirt Siz	e: Small Medium Large X-Large
* The deadline to order a t-shirt is <b>August 1st</b> * Participants under 18 years of age must have a	sianature from a parent/auardian
2 mile Trail Run (no T-shirt) \$10	Kids Under 16 (no T-shirt) \$5
10K Trail Run (no T-shirt) \$10	Additional Donation for PacOut Green Team
Make Checks	Payable to HealthSPORT
Kevin Ebbert Trai	l Run Waiver & Rules
compete; I will waive and release any claims for damage to this event to the following entities: State of California, Sponsors and Event Volunteers from any and all liabilities result of my actions during the Kevin Ebbert Memorial freely signing this agreement. I have read this form of	my training and health are adequate forme to safely ges or injuries as a result of my participation in or my travelin City of Arcata, County of Humboldt, HealthSPORT, Event Ities and claims made by other individuals or entities as a Irail Run 2018. I affirm that I am of legal age and am
Further, I give HealthSPORT permission to use any promoti-	onal photos taken of me while participating in this event.
RULES  No baby joggers/strollers, dogs, bicycles, skateboards, roll All participants must check in on event day. All participants must check out after crossing the finish lin Runners who fail to follow rules will not be given a bib.	·
Registration is not complete until the participant ag	rees to the HealthSPORT Waiver & Rules
Print Name	Date
Signature	