

**Benefits: Free Will Baptist Children’s Home**

**Registration:**

**Fun Run/Walk/Ride: $15.00 5K: $25.00**

**Make Checks Payable To Free Will Baptist Children’s Home.**

**Online Registration for 5K & Fun Run. You can mail or email registration to P.O. Box 8, Eldridge, AL 35554 or amanda@fwbhome.org**

**Race Contact: Mandy Mitchell**

**Phone: (205-924-9751)**

**Email: amanda@fwbhome.org**

**Online Registration Link:**

**https://runsignup.com/Race/AL/Eldridge/DonutDashandFunRun2024**

Awards Presented to Top Overall Winners and Top 3 Winners From Each Age Division for Both Male and Female.

Date: April 20th, 2024

Same Day Registration: 7:30 A.M.

1 Mile Fun Run: 9:00 A.M.

5k: 8:00 A.M.

Location: Free Will Baptist Children’s Home

The Free Will Baptist Children’s Home of AL is a private children’s home that has been a safe haven for hurting children since 1947.

**Entry Form:  1 Mile Fun Run  5k Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_**

**T-shirt Size (Indicate Size) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child  Medium  Large City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult  Small  Medium  Large  X-Large Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LIABILITY WAIVER AND RACE AGREEMENT: I know that running, walking, or cycling a road race is a potentially hazardous activity. I will not enter and run or walk or cycle unless I am medically able to do so and properly trained. I assume all risks associated with running or walking or cycling this event, including but not limited to the effects of weather, traffic, course conditions and course surfaces, falls, and contact with other runners, cyclists, volunteers and spectators. I am aware that medical support for this event may be provided by volunteer personnel who may be called upon to provide assistance, including first aid, to me during or after the event. I authorize any such volunteer to assist me or to perform such assistance as in the opinion of such person may be necessary or appropriate. I understand that Free Will Baptist Children’s Home, Inc. and its Board of Directors, the City of Eldridge, the sponsors, the volunteers, and all others assisting in the operations of the event and its supporting and related activities assume no responsibility or liability with respect to my participation in the run or in any related events. I agree to obey and accept the rules of this race and any related events as published or otherwise made known to me, and to abide by the decision of any race official concerning my ability to safely complete the event. Having read this waiver and release, and knowing these facts, and in consideration of the acceptance of my entry, I for myself and any person entitled to act on my behalf do hereby release Free Will Baptist Children’s Home., the City of Eldridge, all sponsors, volunteers, together with their employees, contractors, subcontractors, directors, officers, agents, attorneys and representatives from all claims of liabilities of any kind or character arising from my participation in this event or in any related activity, even though liability may arise from negligence or carelessness on the part of persons or organizations named in this waiver and release. I consent to the use of photographs, video, film and sound recordings of all race events for all legitimate purposes. I give permission to be contacted by interested media.

**Applications for minors will only be accepted with a parent’s signature.**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**