

Isle of Palms Connector Run and Walk for the Child
5K & 10K RUN AND 5K WALK
For the Prevention of Child Abuse
& Healing those Affected in Charleston
RACE DAY: Saturday, October 4, 2014 8am



Organized by: The Exchange Clubs of Mount Pleasant and the Isle of Palms, the City of Isle of Palms and the Town of Mount Pleasant.

**Contributions Promote Lowcountry Child Advocacy Programs

Instructions:

1. To enter the 2014 race, please complete the entry form below.
2. Return completed race application with check or money order to:
 Isle of Palms Connector Run and Walk for the Child Inc. * PO Box 1976 * Mount Pleasant, SC 29465
3. No entry confirmation will be sent. * T-shirt size preferred does not guarantee availability.
4. One application per person. Photocopies are acceptable.
 For race info visit us: www.ioprun.com For registration help: Call (843) 886-8294

PRESENTED BY:

Waggoner

L a w F i r m



Race Applicant Contact & Info:

First Name: _____ Last Name: _____

Email Address: _____

Address: _____

City: _____ State _____ ZIP _____

Mobile Phone: _____ M _____ F _____ Date of Birth: _____

Race t-shirt (*Specified size not guaranteed. T-shirts cannot be guaranteed for registrations on race day.)

Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult 2XL ___ * (Add \$2.00) Adult 3XL ___ * (Add \$2.00)

Race Entry Fees (Sport-Tek T-shirt included):

10K RUN (\$25 by 4/25/2014, \$35 4/26/14 to 10/2/14, \$40 10/3/14 to 10/4/14) \$ _____

5K RUN (\$25 by 4/25/2014, \$35 4/26/14 to 10/2/14, \$40 10/3/14 to 10/4/14) \$ _____

5K WALK (\$25 by 4/25/2014, \$35 4/26/14 to 10/2/14, \$40 10/3/14 to 10/4/14) \$ _____

**Additional \$2.00 for T-shirt sizes 2XL or 3XL (if applicable) \$ _____

**Additional Donation (Tax deductible) \$ _____

Total amount enclosed: \$ _____

Liability Waiver and Release:

In consideration of acceptance of the entry, I for myself, my heirs, personal representatives, and assigns, do hereby release the sponsors, race workers and officials of this race from any and all liability arising from illness, injuries and other damages I may suffer as a result of participation in such event. I affirm that I am physically trained for participating in this event and I am aware that participation in this event could in some circumstances result in severe physical soreness or injury. I also give permission for free use of my name and picture in the broadcast or written account of the event. I understand that the entry fee is non-refundable. Should race officials determine that completion of this event would be injurious to my health, I consent to being removed from the course and treated by the medical personnel in attendance or at their discretion. Pets, cycles, baby strollers and headphones are not allowed on the course for safety reasons.

Date _____

Signature of Applicant _____

Or Signature of Parent/Guardian (if under 18 years)