

27TH ANNUAL
**AIDS
WALK/
RUN**



27th Annual AIDS Walk/Run Beaver Lake Nature Center June 2, 2019 – 10:00AM



Registration Form (Minimum of \$25 per person to participate)

I am participating in the: _____ 5K Walk _____ 5K Run

First Name: _____ Last Name: _____

Age on day of the event: _____ Gender: Male _____ Female _____ Open _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I am participating as an:

Individual _____ Team Member _____

Team Name: _____

Team Captain: _____

Please read and sign... I understand that by signing this document that I agree to hold harmless AIDS Community Resources including dba ACR Health its employees, volunteers, and agents; all sponsoring organizations; and any other parties connected to this event in any way, singly or collectively, from and against any blame or liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in this event or any activities associated herewith, whether or not caused by the fault or negligence of any of them. I hereby give my permission to AIDS Community Resources, its successors or assigns, to use my photograph whether still, motion, or television in any legal manner whatsoever. I understand that I may be contacted through print or digital means.

Signature _____ Signature of Parent/Guardian if Under 18 _____

EVENT SCHEDULE

- **8:30 am** Registration Opens -- Day-of registration; pick up your Walk or Run Packet (along with earned incentives), and turn in any additional donations
- **8:45 am** Complimentary snacks and beverages available in the Hospitality Tent
- **9:45 am** Opening Ceremony & Warm-up
- **10:00 am** AIDS Walk/Run Begins
- **Closing Ceremony** and Festivities begin once the Walk and run have concluded.

