**10th Annual Augusta HBCU 5K Fun Run/Walk**

**September 21, 2024 8:00AM**

Riverview Park - North Augusta, SC

12 & Under **$10** Ages 13-17 **$15** Adult **$30** Event Day (Adult) **$40**

**To register or donate by mail, complete this form and send with check made out to**:

**Greater Augusta HBCU Alumni Alliance**

P. O. Box 5329

Augusta, Georgia 30916

(706) 799-2123

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HBCU represented \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_

Tee shirt size (Circle one) S M L XL XXL XXXL

\_\_\_ I agree to the terms of the waiver/ release statement below and will attend the 5k Fun

Run/Walk. Enclosed is the registration fee of \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I am unable to participate in the 5k Fun Run/Walk**. I am enclosing a donation of \_\_\_\_\_\_\_\_.**

Waiver/Release

I understand that running or walking in this event is a potentially hazardous activity that could result in damage, illness, injury or even death. By accepting entry into this event, I waive, and release the City of North Augusta, the Greater Augusta HBCU Alumni Alliance, Inc., all sponsors, officials, volunteers, their representatives, and successors of the Augusta HBCU 5K Fun Run/Walk from any and all claims of damage, illness, injury or death resulting from my participation in this event. I realize that this is a strenuous event that requires proper physical conditioning for participation. I hereby certify that I am in such physical condition. There is no liability for the injury or death of an individual who participates in this event if such injury or death occurs from the inherent risks of contracting COVID-19. You are assuming this risk by participating in this event.

I have read the waiver/release statement in its entirety and fully understand its content.