

PWC 2019 Race Entry Form ----- Saturday, April 6, 2019

Please choose one:

Chip Timing by: RACE KREWE

___ 5K RUN

___ 1 MILE WALK

Name _____

Address _____

City _____

State _____ Zip _____

Age _____ Sex _____

Date of Birth _____

(Runners only)

E-Mail Address: _____ /cell # _____

Please circle Adult t-shirt size: Small Medium Large X-Large XX-Large XXX-Large

Please circle Youth t-shirt size: Small Medium Large X-Large

Company represented (if walking or running as a group):

WAIVER: In consideration of acceptance of this entry, I hereby, for myself and heirs, release and discharge Physicians Who Care, Gadsden, Alabama, Race sponsors and volunteers from all claims of injury suffered as a result of my participation in this event, I accept all risks including, but not limited to falls, contact with other entrants, effects of weather, traffic, and conditions of the road. I further state that I am in proper physical condition to participate.

_____ Participant's Signature Date

_____ Parent's Signature (if under 19) Date



Entry Fee: \$25.00 ___ Cash ___ Check

___ ARC Member (\$2.00 discount)

___ GRC Member (\$2.00 discount)

This Run/Walk affords Physicians Who Care the opportunity to support the Etowah County Cancer Foundation.

Make checks payable to: Physicians Who Care
1 Commerce Square
Gadsden, AL 35901