



## 5th Annual Holly's Hope 5k Run/1 Mile Walk Benefitting SARC

Harford County's lifeline for victims and survivors  
of domestic violence, sexual violence, and stalking

**Date:** Saturday, October 13, 2018

**Registration:** 6:45 a.m.—7:45 a.m.

**Time:** 5k starts at 8:00 a.m., 1 mile walk starts at 8:05 a.m.

**Location:** Harford County Equestrian Center

Come out and enjoy a fun day on a beautiful trail run. Holly's Hope 5k Run/1 Mile Walk supports SARC.

**Entry Fee:** \$25 for all ages for advance registration before Monday, September 17th, 2018 for the 5k Run and 1 Mile Walk. \$30 for registrations on or between September 18th, 2018 and October 13th, 2018

**Amenities:** T-shirts and reusable tote bags guaranteed to all 5k Run/1 Mile Walk participants registered by September 30th, 2018. Availability and sizes cannot be guaranteed for those registering after September 30th. Water will be available on 5k course, and course marshals will direct racers at all turns. A post-race party with food and refreshments will take place at the conclusion of the race.

**Be a Holly's Hero:** Your registration of \$100 by September 30th, 2018 will guarantee you all of the above race amenities PLUS a specially designed medal designating you as a Holly's Hero for partnering with SARC in its mission to come together to end abuse!

**5k Prizes per age brackets male and female (10-19, 20-29, 30-39, 40-49, 50-59, 60+)**

1st place overall (male/female) \$100 in gifts cards and a medal

2nd place overall (male/female) \$50 in gift cards and a medal

3rd place overall (male/female) \$25 in gift cards and a medal

**Packet Pick Up** Packets will be available for pick up on Friday October 12th, 2018 from 4:00 p.m.—7:00 p.m. at the Charm City Run Bel Air Store and on Saturday October 13th from 6:45 a.m. to 7:45 a.m. at the pavilion at the Harford County Equestrian Center.

**Individual and Team Registrations on back of form**

Holly's Hero Individual Registration 5k \$100     Holly's Hero Individual Registration 1 Mile Walk \$100

Individual Registration 5k (\$25 before September 17th, \$30 after September 17th)

Individual Registration 1 Mile Walk (\$25 before September 17th, \$30 after September 17th)

Team Registration \$20 per participant if registering 4 or more

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Emergency Contact Name and Phone Number: \_\_\_\_\_

### LIABILITY WAIVER

I UNDERSTAND THAT RUNNING A ROAD RACE IS A POTENTIAL HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY ABLE TO DO SO AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF A RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE RUN. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO:

FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF THE WEATHER, INCLUDING HEAT/HUMIDITY, TRAFFIC AND THE CONDITIONS OF THE ROAD AND ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE CHARM CITY RUN EVENTS, LLC, SARC, AND ALL SPONSORS, THEIR REPRESENTATIVES AND SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS NAMED IN THIS WAIVER. I HAVE READ THE LIABILITY WAIVER AND UNDERSTAND THE INHERENT RISKS WITH THIS ACTIVITY. I GRANT PERMISSION TO ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE WITHOUT COMPENSATION. I CERTIFY THAT I AM 18 YEARS OF AGE, OR OLDER, OR THAT I AM THE PARENT/GUARDIAN OF THE ENTRANT AND AM GRANTING PERMISSION FOR HIM/HER TO PARTICIPATE.

I agree to the above (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

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

**Team Registration Information** : Each member of the team must complete the top half of this form.

**Team Name:** \_\_\_\_\_ **Team Captain:** \_\_\_\_\_

Check Enclosed     Charge Credit Card \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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



Please return form to SARC Attn: Kelsey Luchey P.O. Box 1207 Bel Air, MD 21014 or email to [kluchey@sarc-maryland.org](mailto:kluchey@sarc-maryland.org)  
Visit [www.sarc-maryland.org](http://www.sarc-maryland.org) for more information or call 410-836-8431