Celebrate Pink 5K Run & Walk

11th annual!

Sunday, September 15, 2019 at 9:00 AM (registration opens at 7:30 am)

REGISTRATION FEES (**circle one**) $35 adults $20 youth (under 14) ***$50 pink star*** The Pink Star registration allows us to purchase a *$25 gift card* for the Hope Chest at one of our hospitals and participants receive a special pin for their additional support.	FAMILY FRIENDLY We will have plenty to do for the entire family including kid's activities, vendors, food, music and more! PRIZES Prizes will be awarded to the overall top male & female finishers, the top three male & female finishers in each age group, the TOP FUNDRAISERS, and BEST COSTUMES!

My Breast Cancer SUPPORT

THIS EVENT BENEFITS MY BREAST CANCER SUPPORT

An independent NH 501C3 non-profit organization providing financial and emotional support to breast cancer patients throughout the Greater Seacoast NH/ME area.

www.MyBreastCancerSupport.org

NAME:			
STREET ADDRESS:			
CITY / STATE / ZIP:			
PHONE:		EMAIL: **Please provide your email so we can send you important updates**	
Age:		❒ Female ❒ Male	ARE YOU A BREAST CANCER SURVIVOR? _____
TEAM NAME:	(if applicable)		

WAIVER: I understand that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able 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 this event including, but not limited to falls, contact with other participants, the effect of the weather, including high heat or humidity, traffic and the conditions of the road, all such risk 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 My Breast Cancer Support, the City of Portsmouth, and all race sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

_____ _____

Signature (If under 18 parent/guardian must also sign) Parent / Guardian

We are thrilled you are joining us to support local breast cancer patients xoxo