

HEROES | 6K

in RECOVERY

April 21, 2018

Orange County, CA

9:00 A.M. Race Start

Location: Mile Square Park
16801 Euclid St
Fountain Valley, CA 92708

Schedule/Awards: 7:30 a.m. on-site registration opens
9:00 a.m. Run/Walk Begins
10:00 a.m. Awards Presentation

****For more race info, go to www.Heroes6K.com ****

This event awards 1st through 4th place Male/Female Overall, Masters Overall and age group finishers. Each participant receives a technical tank and a finishers medal.

Registration Fee: \$ 25.00 through December 29, 2017
\$ 30.00 December 30 – March 10, 2018
\$ 35.00 March 11 – April 20, 2018
\$ 40.00 Day of Race (April 21, 2018)
\$ 25.00 Virtual Participant: run/walk anywhere

Checks payable to Foundations Recovery Network
Mail Application postmarked by April 6, 2018:
Orange County Heroes 6K
c/o Foundations Recovery Network
1000 Health Park Dr, Bldg 3, Ste 400
Brentwood, TN 37027

Course: 6K (3.728 mile) scenic course through Mile Square Park, Orange County, CA. Personal chip timing provided.

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First Name: _____ **Last Name:** _____

Phone: _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Date of Birth:** _____ **Age on Race Day:** _____

Male: ___ **Female:** ___ **T-Shirt Size (circle gender and size):** FEMALE MALE | S M L XL 2XL

Emergency Contact: _____ **Emergency contact phone #** _____

Team Name: _____ **Would you like to share your story of recovery or your story**

as a family member/friend of one in recovery? (if yes, we will contact you) YES | NO

Registration Type (circle one): Race Day or Virtual **Amount Enclosed \$** _____ **(circle one) Cash | Check**

Waiver and Release: (every participant must sign to participate)

I absolve, on behalf of myself and my heirs or assigns, all sponsors of this run and anyone involved in this run from any liability for any damages, injury, or illness suffered by me in connection with this run, either during this run or as a result of having voluntarily participated in it. If I should suffer injury or illness, I authorize officials to use their discretion to have me transported to a medical facility, and I assume full responsibility for this action, completely absolving the aforementioned sponsors and officials of any responsibility thereof. I hereby grant full permission to any of the foregoing to use my likeness or any other record of the event for legitimate purpose.

I hereby grant permission for the free use of my name and picture in broadcast, brochure, or account of this event.

Signature of registrant

Date

Guardian's signature if under 18 years age