

# HEROES | 6K

in RECOVERY

April 15, 2017

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  
10:15 a.m. Awards Presentation

**\*\*For more race info, go to [www.Heroes6K.com](http://www.Heroes6K.com) \*\***

**Cash awards presented to top 4 Male/Female in Overall and Masters Overall  
Technical tank and finishers medal to all participants  
Additional prizes awarded to top 4 Male/Female age group finishers**



**Registration Fee:** \$ 25.00 through December 25, 2016  
\$ 30.00 December 26 - March 5, 2017  
\$ 35.00 March 6 - April 14, 2017  
\$ 40.00 Day of Race (April 15, 2017)  
\$ 25.00 Virtual Participant: run/walk anywhere

**Checks payable to Foundations Recovery Network  
Mail Application postmarked by April 1st, 2017:**  
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, Fountain Valley, CA. Personal chip timing provided.

\* \* \* \* \*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency contact phone #** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Registration Type (circle one):** Present on Race Day or Virtual Participant **Amount Enclosed: \$** \_\_\_\_\_

**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