



# INDIVIDUAL REGISTRATION FORM

Saturday, October 22, 2022

5k Run/Walk Starts at 9 a.m. Program starts at 8 a.m.

Registration also available online at:  
[www.runforasafehaven.com](http://www.runforasafehaven.com)

Please pick up your Pre-Race Packet  
Date Coming Soon!  
Fleet Feet, 2311 J St, Sacramento, CA 95816  
Pick up Hours: 11:00 AM - 5:00 PM

Gender:  Male  Female  Other  
Date of Birth (REQUIRED)

## 5K Run/Walk & Kids Half Mile

First Name (please print clearly) Last Name

Street Address Apt. Number

City State Zip

Daytime Phone Evening Phone

\*Email Address (REQUIRED)

Select Shirt Size*
5K Run/Walk (unisex t-shirt)
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
<input type="checkbox"/> XXL
Kids Run Shirt
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L

## Registration Entry Fees

\$35 Adult 5K with t-shirt  
 \$20 Youth 5k with t-shirt (Under 18)  
 \$10 Kids Half Mile (12 & under) with t-shirt

Team Registration
<input type="checkbox"/> \$300 per team (team of 10) <input type="checkbox"/> \$30 for each additional team member Team Captain: _____ Team Name: _____
<b>Team cost includes t-shirts. Each Team Member must complete and sign an Individual Registration Form.</b>

I would like to donate \$\_\_\_\_\_ to help cover the registration fees for a survivor of domestic violence to participate in the Run For a Safe Haven.  
 I would like to donate \$4 to help defray the costs of producing this run.  
**Total amount enclosed: \$** \_\_\_\_\_  
 Make check payable to "My Sister's House" and mail to: 3053 Freeport Blvd., #120, Sacramento, CA 95818.  
 Charitable Tax ID: 68-0464114

**WAIVER:** In consideration of your accepting this entry, I, intending to be legally bound, do hereby for myself and my heir, executors, administrators waive and release, any and all rights and claims or damages I may accrue against the persons and organizations affiliated with the race for any and all injuries that may be suffered by me or enroute to and from the event. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed M.D. during the last 6 months. As part of this waiver I acknowledge that I have read and understand the above.

Signature Printed Name Date

7 Parent/Guardian Signature for all participants under 18 Date

ALL ENTRANTS MUST EACH HAVE A SIGNED ENTRY FORM.