



INDIVIDUAL REGISTRATION FORM

21st Annual Run for a Safe Haven
 Saturday, October 26, 2024

Program starts at 8:00a.m. 5k Run/Walk starts at 9:00 a.m.

Registration also available online at:
www.runforasafehaven.com

Please pick up your Pre-Race Packet
 Date Coming Soon!

Fleet Feet, 7460 Elk Grove Blvd #120, Elk Grove, CA 95757
 Pick up Hours: 11:00 AM - 5:00 PM

Gender: Male Female Other Date of Birth (REQUIRED) / /
 MM DD YYYY

5K RUN/WALK & KIDS HALF MILE

First Name 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

- \$45 Adult 5k with t-shirt
- \$25 Youth 5k with t-shirt (Under 18)
- \$15 Kids Half Mile (12 & under) with t-shirt

Please note that all payments for Run for a Safe Haven are **non-refundable**.

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: 68-04641144

Team Registration

- \$400 per team (team of 10)
- \$40 for each additional team member

Team Captain: _____

Team Name: _____

**Team costs includes t-shirts.
 Each Team Member must complete and sign an Individual Registration Form.**

WAIVER AND LIABILITY RELEASE: I, the undersigned, intending to be legally bound, do hereby waive and release myself, my heirs, executors, and administrators, any and all rights and claims or damages I may accrue against the persons and organizations affiliated with this activity for any and all injuries that may be suffered by me during or while route to and from the event. I attest that I am physically fit and sufficiently trained for this activity, 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, understand, and agree to the above terms.

Signature Printed Name Date

Parent/Guardian Signature for all participants under 18 Date