



5k Run/Walk, Health Expo, Costume "Spring" Contest, Food Drive **RACE INFORMATION**

Proceeds Benefit HARBOR INTERFAITH SERVICES
Participate and Help the Homeless
www.HarborInterfaith.org

RACE DATE

Saturday, April 27, 2019 (rain or shine)

Title Sponsor

RACE HIGHLIGHTS

- 5k Run/Walk, Chip Timing (Ages 12-80 & Over)
- Quality T-Shirts & Goodie Bags
- Course: Scenic, soft-packed trail
- All finishers receive a custom-designed medal
- Water Stations & Sponsor Refreshments
- Team's - Form a Team – Minimum 5
- Costume Contest, spring theme
- Health Expo
- Food Drive – Nonperishable items only
- Website: <https://harborinterfaithse.wixsite.com/heartthehomeless>
- Walk/Run Hotline: 310-831-0603 x224
- No strollers on the trail



TORRANCE MEMORIAL
MEDICAL CENTER

RACE LOCATION

Ernie Howlett Park,
25851 Hawthorne Blvd.
Rolling Hills Estates

RACE PARKING

There is plenty of parking in the park. Please following the directions of the parking attendants.

RACE SCHEDULE

- Late Registration/Check-in 6:30 AM (Opens)
- 5K Run/Walk 7:30 AM
- Awards Ceremony 9:00 AM

COSTUME AWARDS

1st Place, \$75
2nd Place, \$50
3rd Place, \$25

RACE AWARDS

5k Run – 1st Overall Male and Female winners

- 1st Place \$75
- 2nd Place \$50
- 3rd Place, shoe certificate, Road Runner Sports, value \$120

Finisher medals for all 5k & Kid's run participants

PACKET PICKUP

Friday, April 26, 2019, 4 to 8 p.m., Road Runner Sports, 25359 Crenshaw Blvd, Torrance, CA 90505

PEER-TO-PEER FUNDRAISING

The event is a fundraiser to help the homeless. We invite you to set a fundraising goal for yourself and solicit contributions from your friends and family.

You can do it online at this link: www.harborinterfaith.networkforgood.com



5k Run/walk, Health Expo Costume "Spring" Contest, Food Drive ENTRY FORM AND FEES

Please complete this form—one per applicant.
Or go to <https://my.racewire.com/event/5225>

PLEASE MAIL, .PDF, FAX, OR DELIVER ENTRY FORM WITH PAYMENT TO
C/O Heart the Homeless, Harbor Interfaith Services, 670 W. 9th Street, San Pedro, CA 90731

TEAM NAME _____
FIRST NAME _____
LAST NAME _____
EMAIL _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DAY PHONE _____ CELL _____

AGE ON RACE DAY: _____
DOB: _____
GENDER:
Female__ Male __ Other __

AGE DIVISION (on raceday)
 5-11 12-17 18-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65-69 70-74 75-79 80 & Over

ENTRY FEES (Non-Refundable)
Adults 5K Run/Walk \$35.00, \$45 after 3/27/19, \$100 Patron, \$60 Race day \$ _____ .00
Team (5 min) \$25/member, \$35/member after 3/27/19, \$75 Patron, \$45 Race Day \$ _____ .00
I cannot participate but would like to contribute \$ _____ .00

PAYMENT: (1) Make checks payable to: HARBOR INTERFAITH SERVICES or **(2)** use a credit card
 Visa MasterCard American Express
Name on Card: _____
Address if Different from Above: _____
Card Number: _____ Exp: __/__/__ CVV: _____
Signature: _____

I will participate in PEER-TO-PEER FUNDRAISING and this is my goal. \$ _____ .00

RELEASE OF LIABILITY – SIGNATURE REQUIRED FOR ALL PARTICIPANTS.

In consideration of the acceptance of my and/or my dependent's participation in the April 27, 2019, Heart the Homeless event. The undersigned hereby release and hold harmless Harbor Interfaith Services, Inc., Start To Finish Event Services, Inc., City of Rolling Hills Estates, and their affiliates, agents, servants, board members, officers, employees, volunteers, assigns, successors and heirs and all officials concerned for all acts, omissions or negligence, which may result in bodily injury (including death). I warrant that I and or my dependent/s are in good health t. I willingly assume any risk inherent in entering this event. This waiver extends to all claims of any kind and nature whatsoever, whether known or unknown. Furthermore, I permit pictures, recordings or any other record of this event on film, videotape, photographs, motion pictures, recordings or any other record of this event for legitimate purposes without compensation.

Signature of Participant (18 years or older) Date

Signature of Legal Parent/Guardian if Participant is a Minor Date

This signature certifies that I have authorization to permit this youth to participate in the event. I further certify that he/she is in good physical condition and that race officials have permission to authorize and administer emergency medical treatment.

No strollers on the trail. Thank you.