



Relay for Life team – Hope, Walk, Cure – presents:

# COLOR ME PURPLE 5K FUN RUN/WALK

**Who:** Everyone is welcome!

**What:** Colorful 5k fun run/walk where purple colored powder will be thrown at you during the run/walk!

**When:** Saturday, April 5, 2014    **Registration:** 7:00 AM    **Start:** 9:00 AM

**Where:** East Snyder Park, Selinsgrove

**How to register:** Mail form and fee (made out to Hope, Walk, Cure) to  
Leah Auker, 5371 Dressler Ridge Rd.,  
Mount Pleasant Mills, PA 17853

**Pre-register:** \$20 to be guaranteed a T-shirt (by Feb. 21, 2014)

**After Feb. 21<sup>st</sup> and Day of event:** \$25 (Shirts are first come, first served)

Join our event on Facebook (1<sup>st</sup> Annual Color Me Purple 5k fun run/walk)  
and “like” Hope, Walk, Cure Relay for Life Team!

\*Please note that this is a ‘fun’ run/walk to raise awareness  
and funds for cancer and will not be timed.

All proceeds benefit the Relay For Life of Selinsgrove!

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**REGISTRATION FORM:** please mail form and check payable to Hope, Walk, Cure to Leah Auker at  
5371 Dressler Ridge Rd., Mount Pleasant Mills, PA 17853)

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADULT TSHIRT SIZE (circle one): S M L XL 2XL

FEE: \$20 (by Feb. 21<sup>st</sup>)    \$25 (after Feb. 21<sup>st</sup>)

(payable to Hope, Walk, Cure)

Waiver/Release: As a participant in Relay For Life and affiliated fundraisers, including Color Me Purple Fun Run/Walk, I, \_\_\_\_\_, myself, my executor, administrators, and assigns, do hereby release and discharge the American Cancer Society, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event. I give my full permission for the use of my name and photograph in this event. I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment. I acknowledge that this event will be held rain or shine and that my entry fee is non-refundable.

Signature (Parent/Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_