

REGISTRATION FORM

Project XOXO

2017 Charity Run/Walk

The Race to End Homelessness & Hunger in St. Louis



5th Annual 5k Charity Run/Walk

Saturday, August 19, 2017

Registration at 6:30 a.m.

Race Starts at 7:30 a.m.

Run/Walk starts and ends at Tower Grove Park, 4256 Magnolia Ave., St. Louis, MO 63110

100% of entrance fees & pledges will benefit local homeless charities selected by Project XOXO.

Project XOXO and St. Louis Attorneys Against Hunger unites lawyers with the St. Louis community to fight against homelessness and hunger.

2017 CHARITIES

- Gateway 180
- Peter & Paul Community Services
- St. Patrick Center
- Places for People
- Sunnyhill Inc.

For more information about the selected charities or Project XOXO please visit www.projectxoxo.org.

Send this completed form and payment to:

The Simon Law Firm, P.C., Attn: Laura Dover, 800 Market St., Suite 1700, St. Louis, MO 63101

or register online at www.projectxoxo.org/registration.

Name: _____ Gender: _____ M _____ F

Firm Name (if applicable): _____

Address: _____ **Age on 8/19/17:** _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Shirt Size: _____ YS _____ YM _____ YL _____ S _____ M _____ L _____ XL _____ XXL _____

5K Entry Fee: _____ \$35 (postmarked by 8/1/17) _____ \$45 (postmarked after 8/1/17)

1 Mile Entry Fee: _____ \$25 Kids 100 Meter Dash Entry Fee: _____ \$10

(Entry fee checks are non-refundable & must be made to Project XOXO.) Age and gender awards will be given in six participation groups.

WAIVER, RELEASE, & INDEMNIFICATION OF LIABILITY: In consideration of this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims or damages I may have against Project XOXO and The Simon Law Firm, P.C. and their affiliates, subsidiaries, officials, and their representatives, successors, volunteers, and assigns for any and all injuries or damages suffered by me in said event. I attest and verify that I am physically capable of competing in the run/walk. I hereby consent to receiving medical treatment, which may be deemed medically necessary in the event of injury, accident, or illness during the event. Further, I hereby grant full permission for the free use of my name and/or photographs or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

Parent or guardian signature required if under the age of 18