

**Johnston County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

**Taking Strides for Mental Health 5K Walk/Run**

(Please print legibly, all information required)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_ \_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Race Day \_\_ \_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Phone Number: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: YXS YS YM YL YXL AXS AS AM AL AXL AXXL

In-Person Participant (circle one): 5K (Competitive Runner) 5K (Recreational Runner) 1- Mile Fun Run

Virtual Participant (circle one): 5K (Competitive Runner) 5K (Recreational Runner) 1- Mile Fun Run

Entry fees for participants ages 13 and older $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $25 – up to and including April 30

 $35 – May 1-race day

Entry fees Mile: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $10 – up to and including race day

Optional Tax-Deductible Donation to House of Hope $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete form and mail with check/money order to:** JCAC-DST, Attn: **11th Annual 5K**, PO Box 2216, Smithfield, North Carolina,  27577.

 **Please make checks payable to:** Johnston County Alumnae Chapter of DST and add 11th Annual 5K to Memo

Waiver:

I am physically fit and have received medical clearance to participate in the Johnston County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Improve Your Health & Build Your Wealth Fair, Taking Strides for Mental Health  5K Walk/Run and Fitness Activities. In consideration of my application to participate in the Taking Strides for Mental Health 5K Walk/Run and Fitness Activities being accepted, I, on behalf of myself, my heirs, and my estate hereby waive and forever discharge the Town of Clayton, Young & Associates, and all the sponsors, organizers, affiliates, as well as their agents from any and all claims that may accrue as a result of my participation. I hereby grant Johnston County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and affiliates specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape or other digital media of me and/or my family, taken during the Taking Strides for Mental Health 5K Walk/Run and Fitness activities for use by Johnston County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or its members.

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian sign if entrant is 17 years old or younger)