

# Whispurring Hope Spooktacular 5K

**10/28/2017**

**Race starts at 9 am**

**Benefitting Whispurring Hope Animal Rescue**

Participants are encouraged to run in their favorite costume. There will be cash prizes given to overall male/female winners + age group awards. Go to [www.whispurringhope5k.wixsite.com/5krunwalk](http://www.whispurringhope5k.wixsite.com/5krunwalk) for more details.  
PACKET PICK UP: Saturday morning starting at 7:30am at the Yardarm (1201 Shiras Ave, Dubuque, IA)

Race starts and ends at the Yardarm

Refreshments following the race.

PLEASE COMPLETE THE FOLLOWING APPLICATION AND MAIL IT WITH YOUR

**CHECK PAYABLE TO: Whispurring Hope**

**Mailing address for registration: 1020 Clarke Drive Dubuque IA 52001**

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Mailing Name

Mailing Address

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ zip \_\_\_\_\_

DATE OF BIRTH mm/dd/yy \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX (CIRCLE ONE) M F

SHIRT SIZE (CIRCLE ONE) YS YM S M L XL XXL (add \$1.50)

**ENTRY FEES:**

**\$30 POSTMARKED BEFORE 9/23**

**\$35 AFTER 9/23**

\*\*\*PLEASE NOTE\*\*\* NO SHIRT IS GUARANTEED FOR ENTRIES RECEIVED AFTER OCTOBER 7th.

PLEASE READ AND SIGN THE PARTICIPATION WAIVER BELOW

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates and roller blades, are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Whispurring Hope Spooktacular 5k, the city of Dubuque, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

**Signature** (parent or guardian required if under 18) \_\_\_\_\_

**Date** \_\_\_\_\_

Questions? Call Scott Seeley phone: 563-581-6366

Email: [whispurringhope5k@gmail.com](mailto:whispurringhope5k@gmail.com)