

“Love Yourself First” Domestic Violence 5K Run/Walk

Interactive College of Technology (Parking Lot Area), 2950 S. Gessner Rd, Houston TX 77074

Date: Saturday, October 30, 2021

Time: 9:00 AM – 1:00 PM

- ⇒ Proceeds will benefit domestic violence education and awareness program.
- ⇒ **Registration:** Ages 13 and above - \$15/person and ages 5-12 is \$5/person.
Everyone please wear something purple and/or feel free to represent your organization. Participants can register on-site at 8:00 AM.
- ⇒ **Other Information:** Dress appropriately (sneakers, etc.)
- ⇒ **Make Checks to:** SPEAK OUT INC
- ⇒ **Contact:** Cherlyn Latham at 512.843.5755 **Email:** houstonsspeakout@gmail.com
- ⇒ **Set-up:** Must be at park no later than 7:45 AM for set up. We will meet at 7:00 AM and put everyone in groups.

-----detach here -----

2021 DOMESTIC VIOLENCE 5K RACE ENTRY FORM

PLEASE PRINT LEGIBLY

Name _____ Sex _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Name of Organization or Team _____

WAIVER (EVERYONE PARTICIPATING MUST SIGN)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature _____ Date _____

Parent or Guardian if under 18 _____

No refunds will be issued for any reason.

Team Members

Team Leader: _____ Phone Number: _____

	Participants Name	Age	Amt Paid
TL			
1.			
2.			
3.			
4.			
5.			
6			
7			
8.			
9.			
10.			
		Total Paid	

Submitted by _____ Date: _____

Received by: _____ Date: _____

DONATION LETTER

Your Name: _____ Goal Amount to Raise: _____

Please tell us why you are collecting donations? Pick select one:

- In memory of _____
- To support the organization ROOMS FOR VICTIMS
- To support the organization TEEN DATING ABUSE AWARENESS
- To support the organization VISUAL ARTS (play, podcast, mini videos, etc.)

DONATION LIST

NO.	FULL NAME	EMAIL	PHONE	AMT
1.				
2.				
3.				
4.				
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6.				
7.				
8.				
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12.				
13.				
14.				
15.				
TOTAL AMOUNT RAISED				\$

Signing this Donation Letter, means that you agree to raise funds on behalf of SPEAK OUT INC (SPOI) and will honestly turn in all donations to the above-mentioned organization. The donor trust that SPOI will utilize each donation according to what is specified. The organization will send each a thank you gift for participating.

Team Leader or Appointee Signature

Date

SPEAK OUT INC. Signature

Date