

# FIGHT THE GRAY 5K COLOR RUN

benefitting The Alabama Chapter of the American Foundation for Suicide Prevention  
**presented by Southeastern Chiropractic Associates, PC**

## April 18, 2020

### Race Begins at 8:00 AM

*Registration and Packet Pick-up begins at 7:00 AM*  
*Westgate Softball Fields*

**Register online at [www.FightTheGray5k.com](http://www.FightTheGray5k.com)!**

Early Registration Fee: \$25 · After April 2 Registration Fee: \$30

Make checks payable to: Dr. Chase Walters

[fightthegray5k@gmail.com](mailto:fightthegray5k@gmail.com) · 334-673-1488

**Please check one:** ☐ Runner ☐ Walker ☐ Sideline Supporter (Not participating in the race/will still get a shirt.)

**Age:** \_\_\_\_\_ ☐ Male ☐ Female **Group Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

#### Please Select Your Shirt Size

- |                                       |                                       |   |   |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Youth Small  | <input type="checkbox"/> Youth XL     | <input type="checkbox"/> Adult Large          | <input type="checkbox"/> Adult 3XL (\$2 more) |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Small  | <input type="checkbox"/> Adult XL             |   |
| <input type="checkbox"/> Youth Large  | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult 2XL (\$2 more) |   |

I acknowledge that running a road race is a potentially hazardous activity. I should not enter to run or walk unless I am medically able and properly trained. I assume all risks associated with running in this event including, but not limited to falls; contact with other participants; the effects of weather, including high heat and/or humidity; traffic; and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the officials, sponsors, Southeastern Chiropractic Associates, Westgate Park and the City of Dothan from all claims or liabilities of any kind by my participation in the Fight the Gray 5K Color Run. I further state that I am in proper condition to participate in this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian (if participant is under 18)

**Mail entries to:**  
**Southeastern Chiropractic Associates, PC**  
**PO Box 6853 · Dothan, AL 36302**

#### OFFICIAL USE ONLY:

Date received: \_\_\_\_\_

Amount paid: \_\_\_\_\_

☐ Check ☐ Cash

Number assigned: \_\_\_\_\_

T-shirt given: \_\_\_\_\_