



**NEW HORIZONS
ADOPTION AGENCY, Inc.**
2nd Annual 5K Walk/Run
Saturday, June 17, 2017 at 10:00 a.m.

Proceeds to benefit New Horizon's Babies Home in Liberia

Location: Faribault County Fairgrounds
Blue Earth MN 56013

Registration Forms available on website (nhadoptionagency.org), by calling #507-526-3518 or
email: nhaa@newhorizonsadopt.com

Pre-Registration before June 1, 2017: If you have 2 or MORE people to Registering, Make sure to Register them together. The 1st Registration fee will be \$25 but ALL Additional Registrations will be \$20. Children 4 and under are free (but no t-shirt provided).

Registration after June 1, 2017: 1st Registration fee will be \$30 but ALL Additional Registrations will be \$25.

MUST PRE-REGISTER BY: JUNE 1, 2017

To be guaranteed your event t-shirt and to get the reduced rate

* Lunch will be available after the walk/run by P-Pod for \$5 - \$6 a meal*

Face Painting *Kids Fun Run*

THANK YOU for helping support Liberia Baby
Home!

Please send all tax-deductible donations to:
New Horizons Adoption Agency, Inc.
PO Box 188, Blue Earth, MN 56013



Name: _____
 Address: _____
 Phone: _____
 Email: _____

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

TOTAL AMOUNT \$ _____ **Payment Method** (circle one) Check Cash

Make checks payable to: New Horizons Adoption Agency, Inc.

Agreement & Waiver: In consideration of the acceptance of this entry, I hereby waive and release any and all rights and claims for damage or injuries, I or anyone whose behalf I am acting upon (Individuals listed above) against any and all race officials, New Horizons Adoption Agency, and the Faribault County Fairgrounds for any damages or losses that may be suffered by me before, during, and after this event with such release binding my heirs, creditors, and assigns. I hereby grant permission to the aforementioned to use my name and/or photographs of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Media Release: I authorize the use, copyright, or publication of my or my family's name, image or voice while participating in any Event and related activities, as may be captured by photograph or recording in any medium for any purpose, including illustration, promotion or advertisement. If not of legal age, I (the parent/guardian) hereby consent to my family's participation in Events and related activities. I have read and explained this Form to my family, and I hereby agree to all of its terms and conditions on behalf of myself and my family.

*Parent or guardian must sign for Consent if entrant is under 18 (only one adult signature is needed per form)

Signature: _____ Date: _____

Return this page to:
New Horizons Adoption Agency
302 S Grove St.
PO BOX 188
Blue Earth MN 56013

Committee use only
 Date received _____ Amount Paid _____ Initials _____

“What if I can’t be there the day of the event?”

No Problem! You can walk on your own in your favorite park or indoor space and mail your sponsor form and pledges to our Blue Earth office by June 9th.

Don’t miss the opportunity to receive an Annual Walk/Run T-Shirt!

For a donation of \$30.00 or more we will also send you an Annual NHAA Walk/Run T-Shirt. Each additional walker will receive at T-Shirt for a donation of \$25.00 or more.

Please send my T-Shirt to:

Name: _____
Address: _____
Phone: _____

Total Amount enclosed _____

Name: _____

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

Sponsor Pledge Form

Walker Name _____

Address: _____

**Please print clearly and complete all information. Please remember zip codes.
Please make checks payable to New Horizons Adoption Agency, Inc.**

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Payment Options: Check ___ Cash ___ Amount _____

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Payment Options: Check ___ Cash ___ Amount _____

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Payment Options: Check ___ Cash ___ Amount _____

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Payment Options: Check ___ Cash ___ Amount _____

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Payment Options: Check ___ Cash ___ Amount _____

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Payment Options: Check ___ Cash ___ Amount _____

Feel free to copy if you need more Pledge Forms