

SEPTEMBER 19, 2015



**FOR THEIR LIVES**  
**5C WALK**  
**END ABORTION BY 2020**

Pregnancy Help Clinic’s “Run for Their Lives 5C Walk’ raises money to save babies and to assist families in need. Proceeds from this event are used to provide mentoring, parenting education, diapers, food, formula, clothing and other infant equipment to families within our community that are facing an unplanned pregnancy.



The walk will begin at Brighton Nazarene Church on **Saturday, September 19, 2015, 9:30-11:30am**. Registrants get an awesome ‘Run for Their Lives’ t-shirt along with five coupons (aka the ‘5C’) to exchange for a variety of chocolate treats at specially selected shops along the one mile route. The event includes entertainment at the Mill Pond Gazebo. Go to **www.RunforTheirLives5c.com** for information or to register as an individual or team (team members do not need to register at the same time). \$20 for the first walker on a team, \$10 for each additional walker. Each walker

Additional walker names: & T-shirt sizes

(Men, Women, Childs Sm, Med, Lg, XL, XXL)

**Run for Their Lives 5C Walk**

Name: \_\_\_\_\_

TSHIRT size \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Method of payment: Cash Check MasterCard Visa

\$20 1st walker

Credit Card Number: \_\_\_\_\_

\$10 each additional walker

Expiration date: \_\_\_\_\_ Last 3 digits on sig. line \_\_\_\_\_

Total Charge \$ \_\_\_\_\_

I assume all risks associated with participating in this event including but not limited to falls, contact with other participants, effects of the weather, traffic and road conditions, all such risks being known and accepted by me. Having read this waiver and signed the entry form, I for myself and anyone entered on by behalf, waive and release all promoters, representatives, agents, sponsors, municipalities, and participants from claims and liabilities of any kind from participation in this event.

I authorize Pregnancy Helpline to utilize my photograph, personal narrative , audio, and or video recording of my participation for any and all purposes.

Signature: \_\_\_\_\_

Mail to: Pregnancy Helpline, 7743 W. Grand River #101, Brighton MI 48114