



13th Annual

Hamil Kerr Challenge Bike/Run/Walk

for Parkinson's Disease, PSP & MSA

Saturday, April 14, 2018

High Point City Lake Park, Jamestown, NC 27282

Registration Form (Please Print)

Check One: 50M Bike 30M Bike 10K Run 5K Run Family Walk

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Donation Amount: \$ _____

Individual registration \$40 (Preregister by March 31, 2018, \$35)

Family registration \$160 (Preregister by March 31, 2018, \$140)

Individual Male Female

T-Shirt Size: S M L XL XXL

Family of 4 (T-Shirt size & qty. S ___ M ___ L ___ XL ___ XXL ___)

E-Mail: _____

Emergency Contact: _____

Emergency Phone: _____

100% of all donations will go to (PD) Parkinson's Disease Research, (PSP) Progressive Supranuclear Palsy Research, and Local Families faced with these challenges.

Please enclose a donations with your registration form (Make checks payable to: Hamil-Kerr Challenge).

Please sign waiver at the bottom of this registration form and mail to: Hamil-Kerr Challenge | P.O. Box 1963 | Jamestown, NC 27282-1963

Check In Time: 7:30 a.m.

Bike Ride Start Times: 50 mile and 30 mile bike ride 9:00 a.m.

Run/Walk Start Times: 10K & 5K run, Fun Walk 9:15 a.m.

WAIVER:

I hereby waive all claims against the Hamil-Kerr Challenge Bike/Run/Walk for Parkinson's Disease & Progressive Supranuclear Palsy Research, sponsors, or any personnel for any injury I might suffer during this event. I grant full permission for organizer to use photographs and videos of me in the legitimate accounts and promotions of this event.

Signature: _____ Date: _____

Name (please print): _____