



SPIRIT OF GIVING 5K RUN & WALK

BENEFITTING



SATURDAY, DECEMBER 9, 2023

- **Pre-Registered Packet Pick-Up • 12/8/22**
1325 11th St. , Modesto
- **Race Day Registration/Pick-Up • 7:00-8:00 AM Tenth Street Plaza • 1010 Tenth Street**
- **5K Run & Walk • 8:30 AM**
- **Wheelchair Division**
- **Children's Fun Run • FREE! • 9:45 AM**
- **Medal Pick-Up • 10:00 AM**
- *Awards will be presented to 5 year age group winners. All participants will receive a commemorative finisher medal!*

\$40 Adult • \$20 Child (12 & Under)
Wheelchair Division
FREE - Kids Fun Run
Make checks payable to:
ShadowChase Running Club -
Memo: Spirit of Giving 5K Run
Mail to: ShadowChase Running Club
P.O. Box 3605
Modesto, CA 95352

To use your credit card, please register online.

**** Bring Canned Food for Local Charities and be entered into a drawing for great raffle prizes! ****

For more information, visit www.modestospiritofgiving.org or call Mike at (209) 480-8599

Early Entry Fee (Before 11/23/23): \$40 ADULT (13+) \$20 CHILD (12 AND UNDER)

Entry Fee (After 11/23/23): \$45 ADULT (13+) \$20 CHILD (12 AND UNDER) \$40 Wheel Chair

\$5 discount per adult entry for groups of 10 or more adults.
Registration must be received by December 1st for group discount.

**Shirt Size not guaranteed for registrations received after 11/23/23*

FIRST NAME: *(One form per person please)*

LAST NAME:

M.I.

GENDER

DATE OF BIRTH

AGE ON RACE DAY:

DAY PHONE:

EXT:

EMAIL ADDRESS: *Your email address will only be used for event communication. It will not be sold to outside parties.*

T-SHIRT SIZE

ADULT (XS-3XL)

YOUTH (S-L)

ADULT

Male

Female

ADDRESS:

CITY:

STATE:

ZIP CODE:

WAIVER & RELEASE

I, the undersigned, understand that no refunds will be issued. I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry to act on my behalf, waive and release the Shadow Chase Running Club, the City of Modesto, its officers, directors, agents, volunteers and employees, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/GUARDIAN (if participant is under 18)

DATE

* **For more information, visit modestospiritofgiving.org**