



Hamil Kerr Challenge Bike.Run.Walk. Event

Saturday, April 6, 2024

(Rain date April 13, 2024)

55, 40, 25 mile bike rides • 5K run • Family walk • Cookout

Check In Time: 8:00 a.m.

Bike Ride Start Time: 9:00 a.m. | Run and Family Walk Start Time: 9:15 a.m.

Registration Form (Please print information on registration form, sign waiver, insert check payable to Hamil Kerr Challenge, and mail to P.O. Box 1963, Jamestown, NC 27282-1963)

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Emergency Contact: _____ Emergency Phone: _____

- | | | | |
|--------------------------------------|-------------------------------------|---|---------------------------------|
| Select Sport Event | Select T-Shirt Size | Select Lunch Options | Select Gender |
| <input type="checkbox"/> 55M Bike | <input type="checkbox"/> Small | <input type="checkbox"/> No lunch | <input type="checkbox"/> Male |
| <input type="checkbox"/> 40M Bike | <input type="checkbox"/> Medium | <input type="checkbox"/> Hotdog plate | <input type="checkbox"/> Female |
| <input type="checkbox"/> 25M Bike | <input type="checkbox"/> Large | <input type="checkbox"/> Hamburger plate | |
| <input type="checkbox"/> 5K Run | <input type="checkbox"/> X-Large | <input type="checkbox"/> Veggie burger (vegetarian) | |
| <input type="checkbox"/> Family Walk | <input type="checkbox"/> XX-Large | | |
| | <input type="checkbox"/> No t-shirt | | |

COOKOUT ONLY
\$10 per person
Enter qty. of tickets _____
 (Choose lunch option)

AGE GROUP (Please circle one)		
Under 15	31 - 35	51 - 55
16 - 20	36 - 40	56 - 60
21 - 25	41 - 45	61 - 65
26 - 30	46 - 50	66 - 70+

Donation Amount: \$ _____
 Make checks payable to:
 Hamil Kerr Challenge

Preregister by March 24, 2024
Minimum registration fee \$35

After March 24 and day of event
Minimum Registration fee \$40

Mail to: Hamil Kerr Challenge
 P.O. Box 1963
 Jamestown, NC 27282-1963

Want to start a team, join a team, or sponsor a team?

- Start a Team Join a Team Sponsor a Team

Team name: _____

All participants must sign waiver of liability

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): _____