



# QUALITY CARE PHARMACY & THE BAHAMAS FEEDING NETWORK FUN/RUN/WALK & HEALTH FAIR



**INDIVIDUAL REGISTRATION FORM**

**FEBRUARY 3<sup>RD</sup>, 2024**

**6:00AM**

**Start/Finish: Quality Care Pharmacy (Sterling Commons)**  
#1 Marina Drive Sterling Plaza, Hurricane Hole

## Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Sex:  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Current Age: \_\_\_\_\_

Company/Club/Department/Organization representing \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

\*\*\*\*\*

## Age Group

Males:  Under 17  18-30  31-40  41-50  51-60  60 & above Runner/Walker (Circle)

Females:  Under 17  18-30  31-40  41-50  51-60  60 & above Runner/Walker (Circle)

T-Shirt size  S  M  L  XL  XXL  XXXL

## WAIVER REQUIRED

I wish to participate in Quality Care Pharmacy and The Bahamas Feeding Network's Fun Run/Walk and Health Fair. I certify that I am in good physical condition to participate in the event. I assume full responsibility of the risk of any injury or accident and elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge the Quality Care Pharmacy and other person or entities associated with the Fun Run/Walk from all liabilities, claim actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to the use of my name, photographs, videotapes and or any other media footage of any kind without any compensation to me. I acknowledge that the entry fee is non-refundable. I have read the foregoing, understanding its contents and intentionally and voluntarily certify compliance by accepting this waiver.

If the participant is under the age of 18, I as the parent or guardian for the above named minor give my permission for my child/ward to participate in the event and further agree individually on behalf of my child/ward, to the terms above, I further certify that my child/ward is in good physical condition and is able to safely participate in the event.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Quality Care Pharmacy #1 Marina Drive Sterling Plaza Hurricane Hole

online registration  
www.facebook.com/qcpharmacypi

**Route: Start/Finish: Sterling Commons > Old Bridge > West Shirley Street > Government House > Cumberland Hill > East Bay Street > Sidney Poitier Bridge > Sterling Commons.**

**242-605-9559 | 242-395-9559 | 242-676-2676**

Visit us at [www.facebook.com/qcpharmacypi](http://www.facebook.com/qcpharmacypi) or email/register online at [qcpharmacypi@gmail.com](mailto:qcpharmacypi@gmail.com)  
[www.bahamasfeedingnetwork.org](http://www.bahamasfeedingnetwork.org) or email/register online at [info@bahamasfeedingnetwork.org](mailto:info@bahamasfeedingnetwork.org)







# 5K

## FUN RUN WALK & HEALTH FAIR

REGISTRATION 5:30AM

RACE STARTS 6:00AM

FAIR STARTS 8:00AM

**03**

**SATURDAY FEBRUARY**

Quality Care Pharmacy  
#1 Marina Drive Sterling Plaza  
Hurricane Hole

REGISTER NOW

**\$20**



more information

242-605-9559 | 242-395-9559

242-676-2676

[www.facebook.com/qcpharmacypi](http://www.facebook.com/qcpharmacypi)

**INDIVIDUAL FEE**

**ADULTS - \$20.00**

**CHILD - \$10.00**  
(12 and under)

**GROUP FEE**

**GROUP 5 - \$90.00**

**GROUP 10 - \$170.00**

**GROUP 20 - \$330.00**

**GROUP 40 - \$640.00**

**GROUP 50 - \$750.00**

**GROUP 100 - \$1400.00**

REGISTER NOW

**\$20**

online registration

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[www.bahamasfeedingnetwork.org](http://www.bahamasfeedingnetwork.org)

