



Downtown 5K Run for the Shelter

EVENT OVERVIEW

Date: Saturday, October 8th, 2011

Time: 5K begins at 8:00 am; Same day registration begins at 6:30 am

Location: Tabernacle Church Parking lot off Douglas Street

Pre-registration Fee: \$25 for the first participant & \$20 for each additional family member

Includes a free T-shirt!

Race Day registration: \$30 (no guarantee of tee shirt)

**Awards for First, Second and Third Place Overall Winners Male and Female
Medals for First, Second and Third Place in each age group Male and Female**

REGISTRATION INFORMATION

Name: _____

Address: _____

Phone Number: _____ Email: _____

Adult T- Shirt Size (circle one): S M L XL No shirt desired

Youth T- Shirt Size (circle one): S M L XL No shirt desired

Age Group

19 & under 20-29 30-39 40-49 50-59 60 & up Male---Female

Make Checks Payable to: **The Good Neighbor Homeless Shelter** Total Amount Paid _____

Registration form and check due by September 21, 2011 in order to guarantee T-shirt by event!!

Please sign the waiver statement below for each participant, including children:

I, the undersigned, in consideration of acceptance of the entry and registration as participant in The Good Neighbor Homeless Shelter Downtown 5K, waive any and all claims which I and my heirs or assigns may now or hereafter have against Neighbor Homeless Shelter, its members, the City of Cartersville, and all officials, volunteers and sponsors of The Good Neighbor Homeless Shelter Downtown 5K, which may indirectly or directly result from my participation in The Good Neighbor Homeless Shelter Downtown 5K. I further warrant and represent that I am in proper physical condition to participate in The Good Neighbor Homeless Shelter Downtown 5K and am not participating in this event against physician's advice nor am I taking medications which would impair my health or ability to participate in The Good Neighbor Homeless Shelter Downtown 5K. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Signature (parent or guardian if under 18) _____ Date _____

Please complete the above information and send this form, along with your check made payable to:
The Good Neighbor Homeless Shelter

Mail to: Grady Clark, c/o The Good Neighbor Homeless Shelter 5K Challenge
P. O. Box 664, Cartersville, GA 30120

Please make a copy of this form for your records!
Questions? Contact Grady Clark at 770-655-0655, or email: grady@andprinting.com