



16th Annual Race for Research

Saturday, September 19, 2015

Central Park & District Streets

Atlantic Station, Atlanta

RACE DAY REGISTRATION \$45

Because brain tumors are located at the control center for thought, emotion and movement, we know their effects on an individual's physical and cognitive abilities can be devastating. Statistics tell us brain tumor patients have poorer survival rates than breast cancer patients; one of the many reasons why we need to find a cure for brain tumors, as well as advance therapies and treatments.

This is why we race . . . Join us at Race for Research 2015!

And thank you to our sponsors



LIZ STUBBS PHOTOGRAPHY



Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Email: _____

Male Female Age ___ 5K ___ 2K ___ Tot Trot ___

Team Affiliation Y/N; if yes name: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the Southeastern Brain Tumor Foundation, Inc., officials, volunteers, and/or sponsors of the Southeastern Brain Tumor Foundation Race for Research ("Event") for any injury or illness which may directly or indirectly result from my participation in the Event. I am aware that walking/running/participating in any other manner on a road is a potentially hazardous activity, and I am voluntarily participating in the Event with such knowledge. I assume all risk associated with participation in the Event, including but not limited to weather effects, falls, participant contacts and dehydration. I further state that I am in proper physical condition to participate in the Event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable. I hereby give full permission to use my name and any photographs, videotapes, or other recordings of me for any account of the Event without compensation. If I am registering a minor for participation in the Event, my signature on this waiver is on behalf of such minor participant in my capacity as the minor participant's natural or legal guardian.

I Agree _____

If under 18 years of age, must be signed by parent or guardian

To be completed by Registration staff at Race for Research

Bib #: 2K _____ 5K _____ Tot Trot _____

Reg Fee \$45 Y/N Donation Y/N & adtl Amt \$ _____

Transaction Total _____

Cash, Check # Credit Card (circle applicable)

Ck# & Amt _____ C/C Last 4 digits _____

Adt'l notes/info: _____