4 RACE RESEARCH

18th ANNUAL

Southeastern Brain Tumor Foundation

2017

Benefitting Brain Cancer Research
Sat, Sept 16, 2017
Atlantic Station, Atlanta, GA
5K road race begins at 7:30am
Rain or shine

11 ALIVE — A TEGNA Company · Piedmont CANCER · DHG Dixon Hughes Goodman LLP · EMORY HEALTHCARE · HOMRICH BERG Wealth Management · FHLBank ATLANTA A FEDERAL HOME LOAN BANK · FREEMAN · icp in concert productions · LIZ STUBBS PHOTOGRAPHY Celebrating moments of wonder · Kroger · TIGHITCO · ATLANTICSTATION · novocure · SELIG ENTERPRISES, INC.

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Email: _____

Gender ☐ Male ☐ Female   Age _____ (age requested for 5K and tot trot)

ON-SITE REGISTRATION   SEPT 12—SEPT 16, 2017:
5K & 1K = $45.00   - - Tot Trot (ages 5 and under) = $5.00

5K Race ☐ 1K FunRun ☐ Tot-Trot (5 and under) ☐ Shirt Size _____

Cash $_____, Check #_____, Check Amt#_____, credit/card amt_____

Extra donation amount if any $_____Team name ? _____

Bib # (to be assigned on-site) _____

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

RUN & SEE GEORGIA GRAND PRIX Since 1989 www.georgiarunner.com