

Each Participant receives a GREAT long sleeve



7th Annual 2017



Michelob ULTRA



Friday Packet Pickup & Pre-Run

Gathering @

Cypress Grill

featuring

Stephen Harrell

singing acoustic

100% of NET Proceeds raised go to our own 501(c)3 non-profit to raise awareness for lung cancer & help local lung cancer patients!!

EIN: 46-1444785



Lake Blackshear RESORT & GOLF CLUB Cypress Grill Area



Saturday November 4th

T-shirt, goody bag and BBQ lunch & drinks (beer for those over 21) after the 5K finishes

\$30

Questions?

229-881-7046

5K Run Begins @ 9:30 AM ... 1 Mile Fun Walk Please come @ 9 if you need to register or get your packet

REGISTER TODAY @

WWW.RUNFORYOURLUNGS.ORG

www.facebook.com/runforyourlungs

RUN & SEE GEORGIA



GRAND PRIX

Since 1989

www.georgiarunner.com

CIRCLE EVENT:

5K 1 Mile
RUN Walk

CIRCLE T-Shirt Size:

ADULT: S M L XL XXL
YOUTH: L M

BIBB # _____
(Staff will issue bibb #s)

CIRCLE SEX

Male Female

AGE on 11/4/17



Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email _____

Date of birth _____

\$30.00 Adults \$15.00 Children 10 & Under

Questions: Shelia Knight 229-881-7046

In consideration of my participation in the RUN for your LUNGS 5K run, 1 mile fun walk,volunteering or being a spectator, on 11/4/2017, I, for myself, my heirs, executors,and administrators assume all risks associated with and hereby release, waive and hold harmless RUN for your LUNGS Jackie's Run for Life, Inc., Shelia Knight or any of the corporate board officers or board of directors, Lake Blackshear Resort, GA Veteran's State Park, Albany Beverage, Michelob Ultra, the sponsors, the volunteers, and officers, employees, agents, representatives, successors, and assigns from any and all liability or responsibility for injuries and/or property damage which I may sustain during the event or during my travel to or from the event. This waiver and release covers myself (including all heirs, executors, or administrators) and is given in consideration of the RUN for your LUNGS Jackie's Run for Life acceptance of my registration/entry, into the event, my volunteering or being a spectator. In addition, I agree to defend and indemnify RUN for you LUNGS Jackie's Run for Life, Inc., Shelia Knight, or any of it's corporate officers or board of directors from any claim or action filed by a third party due to my actions in this event. I also attest that I am physically fit to participate in RUN for your LUNGS event. I agree to abide by the rules and regulations of the event. And, I grant full Permission to RUN for your LUNGS Jackie's Run for Life, Shelia Knight, and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

Signature (Parent or Guardian if Minor)

Date

Printed Name (Parent or Guardian if Minor)

Minor's Name if under 18

MAIL to:
RUN for your LUNGS
Shelia Knight
P.O. Box 1594
Albany, GA 31702