



Benefitting Brain Cancer Research

Sat, Sept 16, 2017

Atlantic Station
Atlanta, GA

5K road race begins at 7:30am
Rain or shine



LIZ STUBBS PHOTOGRAPHY

FREEMAN



Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Email: _____

Gender Male Female Age _____

Awards given to top overall male and female finishers, top male & female masters (40 and over) and top three in each age division

ADVANCE REGISTRATION RECOMMENDED:

\$30 through Midnight Sept 10, 2017—5K & 1K , \$45 onsite Sept 16, 2017. \$5 TOT TROT

ON LINE REGISTRATION AT: support.sbff.org

5K Race 1K FunRun Tot-Trot (5 and under) Shirt Size _____ (adult S-2XL, Youth S-XL)

Payment: Cash \$_____, Check #_____, Check Amt#_____, Square Trans: _____

individual Registration or Team Registration & Team 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

