



BROOK RUN PARK

4770 N. PEACHTREE ROAD DUNWOODY

SUNDAY, SEPTEMBER 17, 2017

Providing comprehensive medical care to teens and adults with Down syndrome and other developmental disabilities.

COURSE: Safe and scenic route entirely in Brook Run Park

START TIMES: 5K: 9:00am 1K: 9:15am

Registration and packet pick up from 8:00am

REGISTRATION (up to Friday 9/15/17 at 5:00pm):

Online at www.active.com (search for ADMH)
OR mail this race entry form with your check
Awesome Race T-shirt (guaranteed for pre-registered)

AWARDS:

- Overall male and female
- Overall male and female masters
- Overall Male and female push-assist
- 1st, 2nd and 3rd place for male and female age groups

RACE ENTRY FEE:

- \$30 until Friday 9/15/17 at 5:00pm
- \$35 at Brook Run on Race Day
- \$15 for kids 10 and under
- \$10 for ADMH Patients

PARKING: Brook Run Park has plenty of parking.

VOLUNTEER: Email us at run.admh@gmail.com

Email us at run.admh@gmail.com with any queries about our Push-Assist Division or any other questions.



PEACHTREE ROAD RACE QUALIFIER



RACE ENTRY FORM

NAME: _____

PHONE: _____

EMAIL: _____

TEAM: _____

AGE ON 9/17/17: _____ M/F: _____

EMERGENCY CONTACT

NAME: _____

PHONE: _____

EVENT: 5K 1K PUSH-ASSIST DIVISION

T-SHIRT SIZE:

Youth Medium Youth Large

Small Medium Large

X-Large XX-Large

WAIVER:

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against all officials, sponsors & volunteers for injuries or illness I may receive from participation in the ADMH 5 K/1K run/walk. I further state that I am in proper physical condition to undertake this physical activity. By signing this waiver, I also accept the terms and conditions of the USATF waiver which can be reviewed on our EVENTS page at www.theadmh.org.

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

ENTRY FEE: \$ _____

DONATION TO ADMH: \$ _____

TOTAL: \$ _____

Send entry form and check (payable to ADMH) to:
ADMH
PO Box 88534
Atlanta GA 30356