



2015 Race for Grace 5K Walk/Run and 1 Mile Kids Fun Run – Official Entry Form

EVENT INFORMATION: Join The Angels of Grace Community Wellness Center as it hosts its 1st Annual **Race for Grace** on Saturday, September 19, 2015. This event will begin and end at Northside Elementary School. Proceeds from the event will benefit scholarships and healthcare for uninsured and underinsured residents of Grady and surrounding counties. Awards will be given to top male/female overall and top male/female in each age division. Race packets will be available for pick-up at Northside Elementary School, 985 1st Street NW, Cairo, Georgia, on Friday, September 18, 2015 from 6:00pm-7:30pm.

RACE DAY: Onsite Registration/Packet Pick-up ~ 6:00 AM-7:00 AM
 7:30 AM ~ 5k Run/Walk
 8:00 AM ~ 1 Mile Kids Fun Run
 9:30 AM ~ Door Prizes/Awards

Registration available online at Active.com or return form below with payment

**Make Checks and Money Orders Payable to Angels of Grace Community Wellness Center (AOGCWC)
 Detach below form and mail with payment to: Angels of Grace Community Wellness Center, P.O. Box 1510,
 Cairo, GA 39828**

Print Clearly, Complete All Information, and Sign Below

Full Name _____		Age as of 9/18/2015 _____		Grade _____	
Address _____			City _____	State _____	Zip _____
Email _____				Phone _____	
Check Event: 5K <input type="checkbox"/>	\$20 Early Reg <input type="checkbox"/>	\$25 Late Reg <input type="checkbox"/>	1 Mile Kids Fun Run <input type="checkbox"/>	\$10 Early Reg <input type="checkbox"/>	\$15 Early Reg <input type="checkbox"/>
	(includes shirt)			(no shirt)	(includes shirt)
Circle T-Shirt Size (1 only please): YS YM YL S L XL XXL					
Application must be received by September 4, 2015 to be guaranteed a t-shirt					
YOU MUST READ THE FOLLOWING BEFORE SIGNING: ALL ENTRY FEES ARE NONREFUNDABLE.					
I understand that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants or spectators, the effects of the weather – including extreme cold or warm temperatures, the conditions of the road surface, all such risks being known and appreciated to the undersigned. Having read this waiver and, in consideration of this entry, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release Angels of Grace Community Wellness Center, Northside Elementary School, Grady County Board of Education, and The City of Cairo, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability might arise out of negligence or carelessness on the part of the persons named in this waiver. I hereby consent to and authorize the use and reproduction, in print or electronic format by Angels of Grace Community Wellness Center or anyone authorized by Angels of Grace Community Wellness Center of any and all photographs which have been taken on this day for any publicity purposes without compensation. All images – electronic, negatives and positives, together with the prints – are owned by Angels of Grace Community Wellness Center. I hereby acknowledge that I have read and understand the terms of this release.					
Signature (if under 18, parents signature) _____					