



**SATURDAY, NOVEMBER 19, 2016  
BLAKELY, GA**

***"Let's Sack Diabetes"***

**\*WEAR YOUR FAVORITE COLLEGE COLORS\***

- Race Registration:** Begins at 8:30 am EST  
**Starting Line Location:** Primary Care of Southwest Georgia, 360 College Street  
**5K Race Time:** 9:30 am EST  
**Fun Run:** Immediately Following 5K  
**Awards:** After Fun Run  
**Course:** [www.usatf.org/routes/view.asp?rID=580047](http://www.usatf.org/routes/view.asp?rID=580047)
- Pre-registration:** \$20 with shirt; \$10 without shirt (Enter by Friday, November 4<sup>th</sup>, at 12:00 noon to guarantee shirt and correct shirt size. Shirts will not be provided after deadline!)
- Race day entry:** \$15 without shirt
- Checks payable to:** *Primary Care of Southwest Georgia.* Entry fees are non-refundable.
- Awards:** Medals to top male and female and top 3 overall finishers in all age groups: 10 and under, 11- 15, 16-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71 & over. The top 3 overall finishers will be awarded in the Fun Run. There will be no duplication of individual awards.
- Contact:** (229) 723-7139 or [bcarter@pcswga.org](mailto:bcarter@pcswga.org);  
All proceeds from this event go toward helping with, Diabetic supplies for those Primary Care patients in Early County that can't afford it, as part of National Diabetes Awareness Month.
- Sponsors:** Commercial State Bank, Early County High School, Hall Drug Company, Southern Promotions and Apparel, Crown Trophy, Piggly Wiggly, Nantze Springs, Colormax Prints, Bainbridge State College and Blakely-Early County Chamber of Commerce

**Mail Entry Form and Liability Waiver to:**

**Primary Care of Southwest Georgia, Attn: Brooks Carter, 360 College Street, Blakely, GA 39823**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
(Please include email address to receive instructions and results.)

Runner or Walker Male or Female Shirt size: YS YM YL S M L XL XXL 3XL no shirt  
(circle one) (circle one) (circle one)

Date \_\_\_\_\_ Signature \_\_\_\_\_ Bib # \_\_\_\_\_  
(Signature of parent if under 18) (Official use only)

# PARTICIPANT RELEASE AND WAIVER OF LIABILITY

## PIGSKIN 5 K AND FUN RUN RACE

I, \_\_\_\_\_, the undersigned know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and/or properly trained. By my signature, I certify that I am medically able to perform this event and/or assigned tasks, and I am in good health and properly trained.

I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running and/or participation in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules.

Having read this Release and Waiver of Liability and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Primary Care of Southwest Georgia, Inc., the City of Blakely, from all claims or liabilities of any kind arising out of my participation in this event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I further agree that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and this Release and Waiver of Liability shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release and Waiver of Liability shall continue to be enforceable.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if under 18 years)

\_\_\_\_\_  
Date