

RACE FOR GRACE



SEPTEMBER 17

Holder Park

101 6th Street SW, Cairo, GA

Registration begins at 7:00 am

7:30 AM—5K Run/Walk

All proceeds will benefit scholarships and healthcare for uninsured and underinsured residents of Grady and surrounding counties.

For more information contact:

AOGCWC (229) 397-9355 or Dr. Mary Weaver (229) 221-2620

www.angelsofgracecwc.org

Angelsofgracewellnesscenter@gmail.com

Register online at: www.tinyurl.com/AOGCWC5K2016

\$20 ADULTS (13+)

\$10 KIDS

EARLY

REGISTRATION

\$25 ADULTS (13+)

\$15 KIDS AFTER

SEPTEMBER 12

REGISTER EARLY TO
GUARANTEE A RACE
T-SHIRT

EARLY
REGISTRATION ENDS
SEPTEMBER 12TH

REGISTER NOW
ONLINE OR BY
MAILING YOUR
REGISTRATION TO
THE ADDRESS
BELOW!

Please Make Checks
Payable and mail to:

Angels of Grace Community
Wellness Center, Inc.
(AOGCWC)
P.O. Box 1510
Cairo, GA 39828

RACE FOR GRACE



2016 Race for Grace 5K Walk/Run – Official Entry Form

EVENT INFORMATION: Join The Angels of Grace Community Wellness Center as it hosts its 2nd Annual **Race for Grace** on Saturday, September 17, 2016. This event will begin and end at Holder Park. 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 Holder Park, 101 6th St SW, Cairo, Georgia, on Friday, September 16, 2016 from 6:00pm-7:30pm.

RACE DAY: Onsite Registration/Package 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 <http://tinyurl.com/AOGCWC5k2016> 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 9/18/2016 _____ Grade _____
Address _____ City _____ State _____ Zip _____
Email _____ Phone _____

Check Event: 5K \$20 Early Reg \$25 Late Reg Children \$10 Early Reg \$15 Early Reg \$15 Late Reg
(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 9, 2016 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, 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) _____