

THE DR. ERIC DUENO MEMORIAL 5K RUN

Saturday, September 9, 2017 at 8:00 AM

COURSE SITE:: 5K course will run past Eric's memorial site on the City of Bainbridge Nature Trail, and up a portion of Cox Avenue. Registration/Package pickup will be on Cox Avenue, in the Bill Reynolds Sports Park. Follow signs to parking lot past Humane Society on the right.

ENTRY INFO

PRE-REGISTRATION:

Adults: \$20.00

Youth (13 & under): \$15.00

*Race shirts are guaranteed to all pre-registrants.

Pre-registration deadline: August 25, 2017

RACE DAY REGISTRATION:

Adults: \$25.00

Youth (13 & under): \$20.00

*Race shirts are NOT guaranteed to race day registrants

RACE DAY

6:30am Registration/Check-In

8:00am 5K Begins

AWARDS

- Overall Male and Female
- Overall Master Male and Female
- 1st, 2nd and 3rd place in the following age groups:
13 and under, 14-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

PROCEEDS OF THIS EVENT WILL BE DONATED TO THE WOUNDED WARRIOR PROJECT

Name: _____ Phone: _____

Date of Birth: _____ Gender (circle one): Male Female

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Shirt Size (please circle) YS YM YL AS AM AL AXL AXXL

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, race officials, sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature _____ Date _____ Parent/Guardian Signature (if under 18) _____

Please make check payable to:

Return this Form and Payment to:

Questions? Please email:

Dr. Eric Dueno Memorial Run

Suzanne Angell, 142 Riverview Road, Bainbridge, GA 39817

sangell@swgrc.org

Date Received: _____

Amount Paid: _____