

McRAE-HELENA COLOR RUN

Saturday, October 7 • Telfair Center for the Arts

Send completed registration form, waiver, and fee payable to: City of McRae-Helena, P.O. Box 55157 McRae-Helena, Georgia 31055 or bring into City Hall located at 25 S. First Avenue.

Name: _____

Circle Age Group on Race Day:

Address: _____

under 10 11-18 19-24 25-30 31-35 36-40 41-45
46-50 51+

City, State, Zip: _____

**If participant is under 18, the form on the back must be signed.*

E-mail: _____

T-Shirt Size (ADULT): S M L XL 2XL 3XL

Shirts guaranteed until September 29, 2017.

Location: Race will begin and end at the Telfair Center for the Arts, 119 College Street McRae-Helena, GA 31055

Date: Saturday, October 7, 2017

Registration: 7:30 a.m. – 8:15 a.m. **Race:** 8:30 a.m. (5K & Fun Run to start simultaneously)

5K-Run

1 Mile Fun Run

Fees: _____ \$30.00 – Pre-register by September 15
 _____ \$35.00 – September 16 – October 6
 _____ \$35.00 – Race Day

 _____ \$20.00 - Pre-register by September 15
 _____ \$25.00 – September 16 – October 6
 _____ \$25.00 – Race Day

RELEASE OF LIABILITY

Waiver: In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against the sponsors, cooperating groups, and any individuals associated with this event and will hold them harmless for any and all injuries, falls, or property loss or damage – regardless of severity – which may result from my participation. I assume the risk of any animals or insects which may be on the course. I hereby give my permission to the media to use my name and photograph in a broadcast or newspaper coverage of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Signature

Date

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name: _____ Birth date: _____ Sex: _____

Parent/Guardian Name: _____ Home Phone: _____

I, _____, grant permission for my child, _____, to participate in the McRae-Helena 5K Color Run. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless the City of McRae-Helena, its officers, directors and agents, or representatives associated with the event, from any incident in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature

Date

**** Packets can be picked up from the City Hall on Thursday, October 5th and Friday, October 6th between the hours of 8 a.m. – 4:30 p.m. Extended pickup hours on Thursday, October 5 will last until 6:00 p.m.**