## McRAE-HELENA COLOR RUN

## Saturday, October 6 • 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 28, 2018.		
Location: Race will begin and end at the Telfair Center for the Arts, 119 College Street McRae-Helena, GA 31055			
Date: Saturday, October 6, 2018			
Registration: 7:30 a.m. – 8:15 a.m. Race: 8:30 a.m. (5K & Fun Run to start simultaneously)			
<u>5K-Run</u>	<u>1 Mile Fun Run</u>		
Fees: \$30.00 – Pre-register by September 14	\$20.00 - Pre-register by September 14		
\$35.00 – September 15 – October 5	\$25.00 – September 15 – October 5		

## RELEASE OF LIABILITY

\$25.00 - Race Day

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.

\$35.00 – Race Day

## PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name:	Birth date:	Sex:
Parent/Guardian Name:	Home Phone:	
l,, g	rant permission for my child,	, to participate in the
McRae-Helena 5K Color Run. As pare	ent and/or legal guardian, I remain legally respo	onsible for any personal actions taken by
the above named minor ("participar	nt"). I agree on behalf of myself, my child name	d herein, or our heirs, successors, and
assigns, to hold harmless the City of	McRae-Helena, its officers, directors and agent	s, or representatives associated with the
event, from any incident in connecti	on with my child attending the event or in conr	nection 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 4<sup>th</sup> and Friday, October 5<sup>th</sup> between the hours of 8 a.m. – 4:30 p.m. Extended pickup hours on Thursday, October 4 will last until 6:00 p.m.