McRAE-HELENA COLOR RUN

Saturday, October $20 \cdot Telfair$ 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 October 12, 2018.		
Location: Race will begin and end at the Telfair Center f	or the Arts, 119 College Street McRae-Helena, GA 31055		
Date: Saturday, October 20, 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>	1 Mile Fun Run		
Fees: \$30.00 – Pre-register by September 2	\$20.00 - Pre-register by September 28		
\$35.00 – September 28 – October 19	\$25.00 – September 28 – October 19		
\$35.00 – Race Day	\$25.00 – Race Day		
DELE	EASE OF LIABILITY		
Waiver: In consideration of the acceptance of this entry cooperating groups, and any individuals associated with or property loss or damage – regardless of severity – whanimals or insects which may be on the course. I hereby	r, I waive all claims for myself and my heirs against the sponsors, a this event and will hold them harmless for any and all injuries, falls, nich may result from my participation. I assume the risk of any give my permission to the media to use my name and photograph nout limitation or obligation. I certify that I am physically fit for this		
Signature Da	ate		

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name:	Birth date:	Sex:	
Parent/Guardian Name:	Home Phone:		
I,, grant permission McRae-Helena 5K Color Run or Mile Fun Run. As paractions taken by the above named minor ("particip successors, and assigns, to hold harmless the City of associated with the event, from any incident in confillness or injury or cost of medical treatment in confillness."	arent and/or legal guard pant"). I agree on behalf of McRae-Helena, its off nnection with my child a	lian, I remain legally respon of myself, my child named icers, directors and agents,	nsible for any personal herein, or our heirs, or representatives
Medical Matters: I hereby warrant that to the best responsibility for the health of my child.	of my knowledge, my c	hild is in good health, and I	assume all
Signature	Date		

** Packets can be picked up from the City Hall on Thursday, October 18th and Friday, October 19th between the hours of 8 a.m. – 4:30 p.m. Extended pickup hours on Friday, October 19 will last until 6:00 p.m.