



5K and 1 Mile Trot

October 15, 2011

8:00 AM Heritage Park:

101 Lake Dow Road, McDonough, GA 30253



www.classicraceservices.com
classicraceservices@gmail.com

All proceeds benefit Give Back a Smile, an organization that aides battered families in restoring dental health damaged by abuse.

Route: Runners/ Walkers will begin near the Jason T. Harper Arena inside Heritage Park, will turn going outside the park east onto Lake Dow Road, proceeding to Diamond Crossing, and then back west on Lake Dow Rd. The last mile will be inside of the park on the trail.

PRIZES: All Adult Participants eligible to enter into FREE drawing for an **APPLE I-PAD2** and a **NOOK Wi-Fi BOOKREADER**.

Prizes will also be given to the top male and female in each age bracket.

DONATIONS ALSO ACCEPTED

Make Checks Payable to "Run for a Smile".

Mail to 210 Fairview Rd., Ellenwood, GA 30294

Registration is also on Active.com



Gold sponsors \$500 contribution: name on t-shirt, banners, flyers, recognition in media, + 5 free entries.

Registration and Check in:

Begins at 6:30am til 7:30am in the Jason T. Harper Arena.



REGISTRATION INFORMATION

Name: _____

Address: _____

Phone Number: _____ Email: _____

T-Shirt Size (circle one): YM S M L XL XXL (\$2.00 more for XXL) No shirt desired

Age (circle range): (<10) (11-14) (15-19) (20-24) (25-29) (30-34) (35-39) (40-44) (45-49) (50-54) (55-59) (60-64) (>65)

Gender Male/Female

Please check one:

- ◆ 5K Registration \$20.00
- ◆ One mile Trot \$10.00
- ◆ Registration the day of (t-shirts are not guaranteed) \$25.00
- ◆ Early Registration Teams of 10 or more \$15.00 ea.

Waiver: IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, THE REGISTRANT, AND FOR HIS OR HER HEIRS, SUCCESSORS AND ASSIGNS, HEREBY WAIVES ANY AND ALL CLAIMS AGAINST HENRY COUNTY PARKS, JASON T. HARPER, THE SPONSORS, OFFICIALS, AND VOLUNTEERS OF THE RUN FOR A SMILE FOR INJURIES, ILLNESS OR DAMAGES WHICH MAY RESULT DIRECTLY OR INDIRECTLY FROM MY PARTICIPATION; AND EXPRESSLY RELEASES SAID OFFICIALS AND SPONSORS FROM ANY AND ALL SUCH CLAIMS FOR INJURY, ILLNESS OR DAMAGE RESULTING THEREFROM. THE REGISTRANT AFFIRMS THAT HE OR SHE IS IN PROPER CONDITION TO PARTICIPATE IN THE EVENT. THE REGISTRANT ALSO UNDERSTANDS THAT VIDEO/PHOTOGRAPHS MAY BE TAKEN DURING THE COURSE OF THE EVENT AND HEREBY GRANT PERMISSION FOR THE RESULTING VIDEO/PHOTOGRAPHS TO BE USED IN ANY OR ALL RUN FOR A SMILE OR JOE S. CHAFIN, DMD, PC PUBLICITY AND PRINTING PURPOSES.

Signature: _____ Date: _____

(Parent or guardian if under 18)