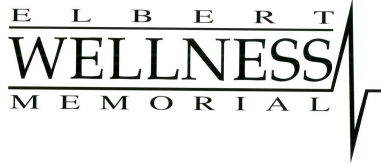


AUTUMN RUN



5K WALK/RUN 8th Annual

Saturday, September 22, 2012

- Time:** Registration 8:00 A.M.; Race begins at 9:00 A.M.
- Place:** Elbert Memorial Hospital Wellness Center, 50 Laurel Dr., Elberton, GA.
- Distance:** 5K Walk/Run
- Entry Fee:** Pre-registration: \$20 (no shirt option \$10) until Mon, Sept. 10th. Race Day registration \$25 (no shirt option \$15). Registration fees are non-refundable.
- Age Groups:** Awards to the first overall male and female, master's male and female, and top 3 (male/female) in the following categories: 10 and under, 11-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and up.
- Goodies:** Pre-registered participants will receive an adult-sized t-shirt. Race day participants receive t-shirts as available. Participants will receive pizza at the conclusion of the race courtesy of Papa's Pizza To Go.
- Directions:** From **Athens** take GA 72E into Elberton. Look for The Elberton Granite Association on your left. Then turn right onto Laurel Dr. The Wellness Center is on the right.
From **Hartwell** take Hwy 77S into Elberton. Turn right onto College Ave. Look for The Elberton Granite Association on your right. Turn left onto Laurel Dr. The Wellness Center is on the right.
- By mail make checks payable to EMH Wellness Center and mail to:**
Elbert Memorial Hospital Wellness Center
4 Medical Dr., Elberton, GA 30635
(706)-283-6831

Only one entry per form. Please copy if more are needed.

Name _____ Telephone # _____ T-shirt size: circle one S M L XL XXL
No shirt option

Age _____ Gender (circle one): M F E-mail _____

Address _____ City _____ State _____ Zip _____

In consideration of your accepting this entry, I, the signee, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Autumn Run Elbert Memorial Hospital Wellness 5K Walk/Run, or their sponsors, officials, workers, representatives, successors, assigns, for any and all injuries suffered by me in this event. I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including and all advertisements), or radio coverage WITHOUT COMPENSATION.

Signature (include parent/guardian signature if under 18 years of age) _____ Date _____