

3rd Annual
Memorial Day 5k Night Race

One mile fun run

Monday, May 25, 2009 – 7:00 pm, Bainbridge, GA
A fundraiser for the Bainbridge Cross Country Teams



Registration: 6:00 pm behind Memorial Hospital
Pre-registration by 5/20/2009 \$15 (Guaranteed t-shirt size)
Race day registration \$15
No shirt \$12

Awards to overall m/f, overall first time 5K runner m/f, and standard age group winners: (0-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+)

Contact:

Coach Mandi O'Mara
Bainbridge High School
1301 E. College Street
Bainbridge, GA 39819

229-248-2230 (leave message) / momara@dcboe.com

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Please Print Legibly:

5k or 1 mile (circle one)

Name _____

Address _____

Phone _____ Sex _____ Shirt Size _____ Age: _____ (on race day)

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. In particular I acknowledge the danger of hot weather running, traffic and road conditions. I acknowledge that I am medically able to perform this event, am in good health and properly trained. I assume all risks and liabilities involved in running this event and release Bainbridge High School and affiliates, Decatur County, Memorial Hospital, The race director, volunteers, sponsors and anyone involved in this event from any liability as a result of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of those named in this waiver. I have read and understand the above release and enter the Memorial Day 5K Night Race at my own risk.

Signature _____ Date _____

Parent or Guardian must sign if under 18