



Date: Saturday, April 18th, 2015 **Packet Pick-Up and Race Day Registration:** 7 AM
Start Time: 1-Mile Fun Run—8 AM
5K—8:30 AM (Walkers welcome, too)

Location: Clinton Nature Preserve, 8700 Ephesus Church Rd, Villa Rica, Georgia, 30180

Course: Both events offer trails, grass, and gravel at scenic and beautiful Clinton Nature Preserve

Entry Fees: EARLY BIRD "5K" REGISTRATION postmarked by February 18, 2015----\$20 for 5K
REGULAR REGISTRATION received by April 9, 2015-----\$25 for 5K, \$15 for 1-Mile Fun Run
****T-Shirts guaranteed to all pre-registered 5K participants
LATE REGISTRATION (April 10, 2015 – Race Day)-----\$30 for 5K, \$20 for 1-Mile Fun Run
****T-Shirts for late 5K registrants only available while supplies last
PHANTOM RUNNER---\$20 (Guaranteed t-shirt if registered by April 9th—mailed after event)

Awards: 5K: Top M/F and Masters M/F, Top 3 M/F in age groups---10 & under, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and older. Awesome raffle prizes at post-race drawing.

Proceeds: All proceeds go to the Esophageal Cancer Education Foundation (ECEF) in memory of Dr. George Harkins and Gene Barnes.

Registration: www.active.com OR <http://www.fightec.org/events/dash-dr-george/> OR
MAIL-IN REGISTRATION (must be received by April 6, 2015)
Dash For Dr. George
P.O. Box 626
Douglasville, GA 30133 dashfordrgeorge@att.net ****Entry Fee Is Not Refundable**



REGISTRATION FORM—Please complete bottom portion and return with a check payable to "Dash For Dr. George" to:
"Dash For Dr. George", P.O. Box 626, Douglasville, Georgia 30133 (BY APRIL 6, 2015) ***One Form Per Participant

5K _____ 1-Mile Fun Run _____ Phantom Runner/Walker _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Gender (circle): Male Female Age on Race Day _____

T-Shirt Size (circle): Adult---S M L XL XXL (add \$2) Youth-- YM YL



WAIVER (MUST BE SIGNED)--

Release: In consideration of the acceptance of my participation or volunteering, I, myself, my successors in interest, heirs, my executors and administrators, hereby forever waive and release any and all claims for injuries or illness that I may incur as a direct or indirect result of my participation in this race against "Dash For Dr. George", the Esophageal Cancer Education Foundation (ECEF), Douglas County, Douglas County Parks and Recreations, sponsors, or any other group or individual assisting or associated with the race. I attest and verify that I have full knowledge of the risk involved in this event, and that I am physically fit, have not been otherwise informed by any physician, and know of no restrictions imposed on me by my own physician that would in any way prevent me from participating in the event. Name of the above is responsible for the loss of any personal item(s). Parent/guardian/participant also authorizes & consents to the use of the participant's name and/or picture in television, newsprint, advertisement or other media.

SIGNATURE: _____ **DATE:** _____

PARENT OR GUARDIAN IF UNDER 18: _____