alzheimer's association memory walk'10® & run

2010 Memory Run for Alzheimer's Official Entry Form

Race Date: October 2, 2010
7:30 am Registration / 8:00 am Run

Bulloch Academy

873 Westside Road, Statesboro, GA

Entry Fee $10.00

(*Waived for Alzheimer Team Participants*)

Print clearly and Complete all information and sign below:

NAME: _____ **AGE** _____ **SEX** _____

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL: _____ **PHONE #** _____

YOU MUST READ THE FOLLOWING BEFORE SIGNING: I realize that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete the run safely. I assume all risk associated with participating in this event including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and conditions of the paths, and road, all such risks being known and appreciated by me. Having read this waiver, and in consideration of this entry, I the undersigned, intending to be legally bound, hereby for myself, my heir, executors, and administrators, waive and release Bulloch Academy, Coastal Georgia Alzheimer's Association, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may raise out of negligence or carelessness of the part of the personas named in this waiver.

Signature: (if under 18 parents signature) _____

WHAT YOU GET OUT OF THE RACE:

- A Well-Laid Out Cross Country Course
- Your time recorded and posted
- Top 3 runners in each age category acknowledged
- A chance to support a community event