



Proceeds go to:



**SATURDAY, AUGUST 25, 2012 | 7:30 AM & 8 AM**

**RUN • WALK • DONATE • SPONSOR**

**1 Mile | 5k CERTIFIED COURSE | EXERCISE CLASS | AWARDS | RAFFLES | FOOD**

**LOCATION: GEORGIA PERIMETER COLLEGE - Decatur Campus  
3251 Panthersville Road, Decatur, GA 30034 (Parking lot #3 on Clifton Springs Rd).**



**T: 678-310-8101 / E: 5kforhope@gmail.com / REGISTER @**

**First Name \_\_\_\_\_ Last Name \_\_\_\_\_**

**Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Female  Male**

**Address \_\_\_\_\_ City \_\_\_\_\_**

**State \_\_\_\_\_ Zip Code \_\_\_\_\_**

**E-Mail \_\_\_\_\_**

**Phone \_\_\_\_\_**

**Join the "5k For Hope" community on**



and



**Registration by 8/4/12**

**5k For Hope:**

\$22 w/T-shirt  \$17 w/o

**1 mile Fun Run:**

\$12 w/T-shirt

**Registration after 8/4/12**

**5k For Hope:**

\$25 w/T-shirt  \$20 w/o

**1 mile Fun Run**

\$15 w/T-shirt

**T-Shirt Size**

S  M  L  XL  2XL

**Total \$ \_\_\_\_\_**

**\*\*\*T-shirts guaranteed to mail-in registrants postmarked by 8/18/12. T-shirts NOT guaranteed on Race Day (or after 8/20/12)\*\*\***

**PLEASE READ THE FOLLOWING WAIVER:** I know that running a road race is a potentially hazardous activity. I should not 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 safely complete the run. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release South DeKalb Striders Running Club and all sponsors, their representatives, and successors from all claims of liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence of carelessness on the part of the persons named in this waiver. Rain or Shine, No Refund. I grant permission to all of the foregoing to use any photographs motion pictures, recordings, or any other record of this event for any legitimate purpose. I certify that I am 18 years of age or older, or that I am the Parent/Guardian of the entrant and am granting permission for him/her to participate.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN (IF UNDER 18 YEARS) \_\_\_\_\_

DATE \_\_\_\_\_

**Make Checks Payable to:** South DeKalb Striders **Mail to:** South DeKalb Striders, P.O. Box 370902, Decatur, GA 30037

**www.southdekalbstriders.org www.ourhousega.org**