

Lung cancer claims more lives than breast, prostate and colon cancers COMBINED.

You can help change this!



5K Run & 1 Mile walk

**Sandy Creek Park
400 Bob Holman Road
Athens, GA 30601**

**Saturday, November 16, 2013
8:15 AM**

Join us for the 6th Annual Free to Breathe® 5K Run & 1 Mile Walk in Athens and help us double lung cancer survival! All proceeds from this event will benefit the National Lung Cancer Partnership's research, education and awareness programs.

Advance Packet Pick-up:

**Thursday, November 14 • 4pm-7pm
Jittery Joe's Watkinsville, GA**

**Register, volunteer, donate or sponsor!
www.FreetoBreathe.org**

Together, we can inspire HOPE, build AWARENESS and create CHANGE to defeat lung cancer!



Registration Form **Free to Breathe® Athens, GA**

Registration is also available online at www.FreetoBreathe.org.

Complete this form and mail it with your credit card information, or enclose check(s) or money orders payable to **Free to Breathe®**.

Please write Free to Breathe® Athens in the memo

Please send completed registration forms and payment to:
National Lung Cancer Partnership
1 Point Place, Suite 200
Madison, WI 53719

Name _____

Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____

Gender ☐ Male ☐ Female

Age on Race Day _____ Date of Birth _____

Free to Breathe Event ☐ 5K Run ☐ 1 Mile Walk

I will participate ☐ Individually ☐ With a team

Team Name (optional) _____

T-Shirt: ☐ Adult ☐ Youth / Size - ☐ S ☐ M ☐ L ☐ XL ☐ XXL

(NOTE: XXL only available for adult sizing)

☐ I am interested in volunteering at next year's event (2014).

☐ I am a lung cancer survivor.

Please submit a separate form for each registrant. Photocopies are acceptable.

Free to Breathe® Fees \$20 online – closes November 13, 2013

\$23 mail-in – must be received by November 11, 2013

\$25 event day – beginning at 7:30 am

Registration Fees \$ _____

Additional Donation Amount \$ _____

Total \$ _____

I am paying by ☐ Check ☐ Cash ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Name on Card _____

Card Number _____

Expiration Date _____

CVC Code (last 3 digits on signature strip or 4 digits on front right of AMEX) _____

Billing address (if different from above) _____

Race Waiver

I, the undersigned, know that the event I am entering carries the risk of personal injury or damage. I know that a running event requires training, and I certify that I am physically fit for this event. I hereby waive and forfeit all rights I may have to file suit or make claims against National Lung Cancer Partnership, Free to Breathe® Lung Cancer 5K and the directors thereof, the City of Athens, GA, any other sponsoring organizations, and all persons connected with this run/walk for injuries I may suffer at this event on November 16, 2013. I understand that no refunds can be made if the event is canceled due to weather conditions or other circumstances beyond the control of the organizers. I understand that from photos taken at the event my likeness may be used in future marketing and promotional materials for Free to Breathe or the National Lung Cancer Partnership. I also understand that strollers are allowed only on the walking course but that head phones, roller blades, bicycles and dogs are not allowed in the run or walk and will abide by this guideline.

_____ Date _____

Signature (signature of parent/guardian if participant is under 18)

Unsigned entries will be returned.