

Saturday, September 10, 2016 • 8:30 a.m.

Co-sponsored by the Atlanta Bar Association and the Atlanta Police Department. Proceeds provide college scholarships to children of Atlanta Police officers who have been disabled or killed in the line of duty. More details and online registration at www.atlantabar.org.





Name		DOR /	/ Gende	er 🗌 Male 🗎 Female
Address	City/State/Zip			
Phone	E-mail			
Law Firm/Company				
Participants:				
Phantom Runners: I am unable to	participate, but have en	closed a donation o	f\$	_
Team registration is not available	ole via the registrati	ion form. Pleas	e register o	online.
T-Shirt Size: □ Small □ Med Race participants will receive a race t-sa	•	unners and tot trot.		
Payment: \$25 if received by August 20 Return this form with payment to the Atla 229 Peachtree St. NE, Suite 400, Atlanta	nta Bar. Cancellations mu	ıst be received within		
☐ Check enclosed made payable to Atla	ınta Bar Foundation	☐ Visa ☐ AMEX	□ MC	
Card #				Ехр
Signature				CVV/CVC
Waiver I know that running a road race is a potential associated with my participation including, but not I humidity, traffic, conditions of the road, all such risk or other perception. In consideration of this entry, sponsors, and any others associated with this even motion pictures, recordings or any other record of recording to the recordin	ially hazardous activity. I am in plimited to, falls, contact with otheks being known and appreciated for myself and anyone entitled ent. Furthermore, I hereby grame in this event for legitimate put	proper physical condition er participants, and the ef d by me. I will not wear he to act on my behalf, I w at the agents of this ever urposes.	to complete this refects of the weath eadsets or any devaive and release to permission to u	run/walk and assume all risks er, including high heat and/or vice that restricts my hearing all race officials, volunteers, se photographs, videotapes,
Signature of participant /Parent or guard	ian's signature if under 18	b years of age	Date	е