5th Annual
Garden Gallop 5K

Saturday October 31, 2015

Benefitting the Smith-Gilbert Gardens Foundation in supporting the education programs and collections at Smith-Gilbert Gardens

Race day Parking: Several lots are available in downtown Kennesaw including Kennesaw First Baptist Church.

7:30 a.m.	**1 Mile Fun Run**
8:00 a.m.	**5k Kennesaw First Baptist Church**
8:55 a.m.	**Tot Trot – Downtown Kennesaw**
9:15 a.m.	**Awards Ceremony + Haunted Trunk or Treat After-Race Party**

• **Race shirts – Long-sleeve with moisture wicking performance and anti-odor control. Super soft t-shirt!**
• **Fast and flat well-marked Certified course with gentle hills down Main Street and through Swift Cantrell Park returning to downtown Kennesaw). No automobile traffic. Paved asphalt.**
• **Professionally timed and Peachtree Road Race Qualifier (GA 1103OWC)**
• **Register at Big Peach Kennesaw or Active.com**

AWARDS: Awards for first overall M/F and Masters M/F runners and top 3 M/F runners in fourteen age brackets. Post race awards ceremony with food and drinks for race participants. Special VIP Reception for first 50 finishers. Plus, **SPOOKY AWARDS** for best Halloween costumes – individual and teams!

REGISTRATION: Pre-registration: $25 – includes a super-soft shirt and goody bag. In-store registration at Big Peach Running Co. Kennesaw or on Active.com. Mailed-in registrations must be postmarked by 10/21/15. Late registration begins 10/22/15.

Mail In Option: ORION Racing 4290 Bells Ferry Rd, Suite 134 Box 590, Kennesaw GA 30144

Make Checks Payable to: Garden Gallop

PACKET PICKUP: Big Peach Running Co Kennesaw Wednesday 10/28 and Thursday 10/29 from 4 p.m. – 8 p.m.

RACE DAY REGISTRATION AND PACKET PICK-UP: KENNESAW FIRST BAPTIST CHURCH $35 and no guarantee of a t-shirt. 6:30a.m. – 7:30 a.m.

Participate in four of the six 5k races to be a Grand Prix Finisher and receive a specially designed hooded pullover. The ultimate SWAG item!! Let us reward you with this premium soft french terry pullover. The blend will help you stay warm and comfortable. Add in a great color with our Kennesaw Grand Prix logo and you have earned this season's "Must Have" item and our "thanks" for participating in the series.

First Name _____ **Last Name** _____ **Age** (race day) _____

Address _____ **City**_____ **St** _____ **Zip**_____

Phone _____   [] **Male**   [] **Female**   **Circle T-shirt size:** YM   YL   S   M   L   XL   XXL

[] **Early Registration - 5K** ($25)   [] **Late Registration if not postmarked by 10/21 -** 5K ($30)   [] **Race Day Registration** - 5K ($35)

[] **1mile Fun Run** ($15 - shirt and untimed bib)   [] **Ghost Runner** ($30) - shirt mailed   [] **Tot Trot** ($0) – (No shirt and not timed)

Email address (for last minute details, parking info) _____

How did you hear about the Garden Gallop? _____

Waiver and release of liability: I affirm that I am physically fit for this race and I assume all risks associated with my participation in this event, including, but not limited to, the effects of weather, traffic, course conditions and course surfaces, falls, and contacts with other runners, spectators or volunteers. In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors, and assigns, all claims of any nature arising from my participation in the Garden Gallop, and do hereby release the race committee, all sponsors, workers, officials, volunteers, Orion Racing and the City of Kennesaw from any claim whatsoever arising from my participation in the event. I agree to abide by the rules for participation and acknowledge that the race committee may return my entry at its discretion. I understand the risks for this race and have trained adequately to prepare for this event. I consent to the use of photographs of me in the event for any legitimate purpose, including publicity. I realize that there is no refund and, in the event of inclement weather, my entry fee will be a donation to the charities associated with this race. For safety considerations, please no roller blades.

Signature _____ **Date** _____

Parent's signature (if entrant under 18) _____

In case of emergency – Contact _____ **Phone** _____

Medical conditions: _____

BIB #

BPRC Payment: