

Rockdale Drug-Free Community (DFC) Coalition



**"I CHOOSE
the RIGHT
HIGH"**

1430 Starcrest Dr. Conyers, Ga. 30012 770-761-9244

Run Away From Drugs 5K Family Trail Run/Walk
Georgia International Horse Park, Conyers, Georgia

To Benefit

Rockdale Youth Action Team

With Rockdale Drug-Free Community Coalition

Date: April 2, 2016

Time: On-Site Registration and Packet Pickup at 7:00am. Trail Run/Walk begins at 8:00am.

Place: Georgia International Horse Park-Steeplechase Trail (across from Hawthorne Suites)

Entry Fee: Pre-Registration \$15.00 (Postmarked by March 1, 2016, Non-Refundable) Race Day:\$25.00

5K Prizes will be awarded for 1st, 2nd, 3rd place runners. All finishers who pre-registered by March 1, 2016 will receive a T-Shirt.

Name: _____

Make checks payable to:

Address: _____

Rockdale DFC Coalition

City, State, Zip: _____

1430 Starcrest Drive

Phone: _____

Conyers, Ga. 30012

Check T-Shirt Size: Small _____ Medium _____ Large _____ XLarge _____ XXL _____

I know that walking/running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all the associated risks with participating in this event, but not limited to falling, contact with other participants, the effects of weather including high heat/humidity, traffic, and other 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 and anyone entitled to act on my behalf, waive and release Rockdale Drug-Free Community Coalition and all sponsors, their representatives and successors from all claims or liability of any kind arising out of my participation in this event. 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. All forms must be signed; incomplete forms will not be accepted.

Signature: _____

Parent or Guardian if under 18

CASH _____ CHECK _____ AMOUNT _____ RACE NUMBER _____