

Race For Smiles 5K/1K Registration Form

Please send to:
Johns Creek Dental Town
4330 Johns Creek Pkwy
Suite 100
Suwanee, GA 30024



Event Information:

Date: Saturday, October 29, 2011. 5K at 8:00 am and 1K at 9:00 am
Race Day Check-In: From 7:00-7:45am at the Johns Creek Dental Town parking lot
Proceeds go to: Forsyth and Fulton Country Schools
Sponsor: Johns Creek Dental Town
Incentives: Prizes and giveaways will be awarded.

Registration Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email address _____

Age _____ Male _____ Female _____

Name of Affiliated School _____

Registration Fee (s):

5K - \$25.00(\$20.00 for patients) _____

1K(under 12 only)- \$15.00 _____

Please Make Checks Payable to:

Dental Town, L.L.C.

(All Patients of Record registering for the 5K Race will receive a \$5.00 discount)

Please circle your divisions:

11 & under 12-14 15-18 19-24 25-29 30-34 35-39

40-44 45-49 50-54 55-59 60-64 65-69 70-74 75 and over

Release and waiver (Please Read and sign)

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection might be provided, there could be traffic on the course route; therefore, I assume the risk of running in traffic. I also assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event. Knowing these facts and inconsideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation. The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or another record of the event for any purpose. Minors will be accepted with a parent's signature.

Signature

Date

