



Race Day Info
 When:
Thursday, April 26, 2012
 Race Begins:
 6:30 pm at Gordon Hospital
 Registration Begins: 5:00 pm



Race Location Start/Finish: Gordon Hospital 1035 Red Bud Rd. NE Calhoun, GA 30701

Registration/Cost Early Registration (March 1-March 31) \$20 • Registration (April 1-25) \$25 • Race Day Registration \$30 • Students (grades 1-12) \$15

Register online at www.active.com or by mailing this registration form with payment to Gordon Hospital Foundation, PO BOX 304, Calhoun, GA 30703. Race day registration will be from 5:00-6:15 pm.

Parking Race day parking will be available at Gordon Central High School. A shuttle service will be provided to transport participants from the school to the race start area until 15 minutes prior to the start of the race. Or if you prefer, use the half mile distance as a warm up.

Packet Pick Up Participants may pick up their race packets the day before the race in Gordon Hospital's Human Resources building or on the day of the race at the registration/check-in area. All participants receive a tech race shirt.

Awards Awards will be given to top male and female finishers. Awards will also be given to those placing in the top 3 for their age group.

Questions Please visit our website at www.gordonhospital.com, go to Education and Events, and click on Run For Your Life or you may contact Judy Jackson at 706.879.4744 or via email at judy.jackson@ahss.org.

R E G I S T R A T I O N F O R M

NAME _____ MALE | FEMALE AGE ON RACE DAY _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ COUNTY _____ PHONE _____ - _____ - _____ EMAIL _____

T-SHIRT SIZE {}S {}M {}L {}XL {}XXL RUNNING CLUB/CORPORATION _____

P A R T I C I P A N T A G R E E M E N T (MUST BE SIGNED)

I understand that participation in this event requires a high level of physical exertion and there are health and injury risks associated with my participation. Participation in this event could result in serious bodily injury or even death. I hereby certify that I have sufficiently trained for this event and my level of physical fitness is adequate for this competition. I agree to accept personal responsibility for my own health and safety during this event. I hold harmless Gordon Hospital, Gordon Hospital Foundation, Adventist Health System, race sponsors/organizers and the respective affiliates, officers and directors of each of the aforementioned for any injuries, accidents, illness or any claim for damage related to my participation in this event. I also hereby give my permission to the media and Gordon Hospital, Gordon Hospital Foundation and Adventist Health System and its affiliates to use my name and/or picture for publication without limitation.

SIGNATURE _____

PARENT/GUARDIAN (if under 18) _____