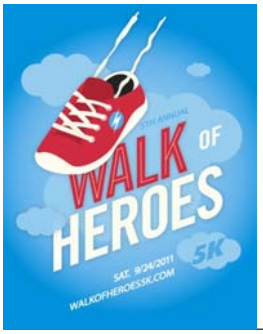

5th Annual Walk of HEROes 5K Run/Walk

***H**elping to **E**nable **R**ecovery & **O**pportunity*
for people with mental illnesses, developmental disabilities and substance addictions

Saturday, September 24, 2011
Richardson Health Center, 445 Winn Way, Decatur, GA 30030

Race Day Registration – 7:45 to 8:45 AM 5K – 9 AM Tot Trot – 10 AM

www.walkofheroes5k.com

BENEFICIARY: Race proceeds benefit people receiving mental health, developmental disabilities and substance addiction services from the DeKalb Community Service Board. **RAIN OR SHINE – NO REFUNDS**

PRE-REGISTRATION: Register early! The 5K pre-registration fee is **$20** for general public, **$15** for DeKalb CSB staff and **$15** for anyone receiving mental health, developmental disabilities or substance addiction services. Pre-registration fee for Tot Trot is **$7**. Must register by September 9th to be guaranteed a T-shirt!

- **Online** – Register at http://www.active.com/running/decatur-ga/walk-of-heroes-5k-2011 to pay by Visa or Mastercard **(Closes Sept. 22nd)**
- **Mail-in** – Download registration form at http://www.walkofheroes5k.com **(Must be received by Sept. 16.)** Send form and a check payable to Brighter Tomorrows Foundation and mail c/o Walk of HEROes, PO Box 1648, Decatur, GA 30031
- **Race Day Registration** – On Sept. 24, 5K fee is $25 for general public, $20 for DeKalb CSB staff and $20 for anyone receiving mental health, developmental disabilities or substance addiction services. Tot trot fee is $7.

RACE INFO: Ed Williams, 404.327.7738, roadraceservices@comcast.net, www.running4fitness.com
SPONSORSHIP INFO: DeKalb CSB – 404.508.7875, mpotter@dekcsb.org, www.dekcsb.org
AGE GROUPS/AWARDS: Overall male and female, Masters male and female, and 1st place in age groups.

ENTRY FORM – WALK OF HEROES 5K RUN/WALK

Make check payable to Brighter Tomorrows Foundation & mail c/o Walk of HEROes, PO Box 1648, Decatur, GA 30031

Registration for: ☐ **5K Run** ☐ **5K Walk** ☐ **Tot Trot** Amount enclosed for registration fee: $

☐ I will participate as a Team Member. Please list Team name:

☐ I will form a team as Team Captain. Please send me more information about forming a team.

☐ I will participate as an individual – not part of a team.

☐ Additional Donation – I am making a tax deductible charitable contribution of $

T-shirt: ☐ S ☐ M ☐ L ☐ XL ☐ 2X ☐ 3X ☐ 4X ***Add $2 for 2x, 3x, & 4x*** ☐ Youth S ☐ Youth M ☐ Youth L

Name:	**Age:**
Email: *If you do **not** want to receive news from DeKalb CSB via email, mark here:* ☐	**Gender:** ☐ Male ☐ Female
Street Address:	**Apt. #**
City: **State:**	**Zip:**
How did you hear about the event?	**Phone:**

WAIVER: I, the undersigned, agree to indemnity and hold the Brighter Tomorrows Foundation and the DeKalb CSB harmless from all cost, and liability arising out of my participation in the Walk of HEROes to benefit the Brighter Tomorrows Foundation. I do hereby waive all claims for damages or loss to me or my child's person or property which may be caused by any act, or failure to act by the Foundation, its officers, agents, or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage, or other liability from such event. Those under 18 must have form signed by a parent or legal guardian.

_____ _____

Your Signature ***(for those under 18, parent/legal guardian signs)*** **Date**