

St. Mary's Sacred Heart Wellness Walk

5K and Fun Run

Saturday, April 22, 2017

St. Mary's Sacred Heart
Hospital

Lavonia, Georgia 8:00 am



ENTRY FEE

5K: \$22 per person thru April 1st
\$25 after April 2nd and \$30 day of race
\$79.00 Family Discount (families of 4)

(All registrations before April 15th guaranteed a T-shirt.
After April 15th by availability only)

Fun Run \$15

SCHEDULE OF EVENTS

7:00 AM Race Day Registration & Packet Pick Up

8:00 AM Fun Run Starts

8:30 PM 5K Starts

AWARDS

Trophies given to top overall male & female finishers as well as male and female master winners. Also medals for the top 3 finishers in the following age groups for male and female: 10& under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+ Also medal for fun run participants.

PURPOSE

All proceeds from this event benefit
The Power of Hope organization which provides
Support to cancer patients and their families.

THREE WAYS TO REGISTER

* ONLINE www.wellness5k.com

* Mail form to:

Wellness 5K

1886 Woodpoint Court
Lawrenceville, Georgia 30043

Checks payable to "Fundracers"

* In person on Race Day

FOR MORE INFO

Contact us at fundracers5k@gmail.com
For the latest updates check the website

www.wellness5k.com

www.wellness5k.com

St. Mary's Sacred Heart Wellness Walk and 5K - ENTRY FORM

Last Name: _____ First Name: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Age (on 4/22): _____ Email _____

Circle One: 5K Fun Run

T-shirt Size (Circle One): YS YM YL S M L XL XXL (add \$2)

WAIVER: I understand that road racing is a strenuous sport and a potentially hazardous activity, and I state that I am in proper physical condition for this event. I also accept any and all other risks associated with running this event, including, but not limited to falls, contact with other participants, the effects of weather and condition of the roads. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, heirs, executors, administrators or anyone else who might try to claim on my behalf, covenant not to sue, and waive, release and discharge all officials, sponsors, volunteers, St. Mary's Sacred Heart Hospital, Fundracers, and the Wellness 5K from any and all claims of liability for death, personal injury or property damage of any kind or nature arising out of or in the course of my participation in this event. This release and waiver extends to all claims of every kind of nature, foreseen or unforeseen, known or unknown. Minors participation will be accepted only with a parent or guardian's signature. I give full permission for the use of my name and/or picture in any broadcast, telecast, or any other public account of this event. Race Directors reserve the right to reject entries.

Participant Signature _____