



FAITH, HOPE, CURE
5K RUN/WALK & KID'S FUN RUN
NOVEMBER 3RD, 2018



"For the battle is not yours, but God's" -2 Chronicles 20:15

THIS 5K IS PRESENTED BY FLAT SHOALS BAPTIST CHURCH TO BENEFIT ANDRIA CLEVELAND AND HER FIGHT AGAINST CANCER. WE WANT TO THANK YOU SO MUCH FOR SUPPORTING SOMEONE WHO WE LOVE VERY DEARLY. PLEASE CONTINUE TO REMEMBER HER IN YOUR THOUGHTS AND PRAYERS.

<p>HAMBURGER STEAK PLATES \$8 (AVAILABLE ON DAY OF RUN)</p> <p>*INCLUDES: HAMBURGER STEAK, BAKED POTATO, BAKED BEANS, SLAW, & CAKE</p>

**STARTING POINT: FLAT SHOALS BAPTIST CHURCH
 2999 BOWERSVILLE HWY; BOWERSVILLE, GA 30516**

FUN RUN STARTS PROMPTLY AT 9:30AM
5K WALK/RUN STARTS PROMPTLY AT 10:00AM

*TO REGISTER THE DAY OF THE RUN, PLEASE ARRIVE BETWEEN 9AM-9:15AM
 (NO SHIRT GUARANTEED).
 *PRE-REGISTERS CAN ARRIVE BETWEEN 9:15AM-9:30AM TO RECEIVE THEIR SHIRTS.

(CLIP OFF THE BOTTOM PART AND TURN IN WITH YOUR CHECK/MONEY BY OCTOBER 28TH)

 NAME: _____ AGE: _____ MALE OR FEMALE

ADDRESS: _____

PHONE #: _____ EMAIL: _____

EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____

PICK A DIVISION (NO REFUNDS FOR NON-PARTICIPANTS)

() KID'S 12 & UNDER FUN RUN PRE-REGISTRATION (INCLUDES SHIRT & MEDAL) \$10
 REGISTRATION DAY OF RUN W/ NO SHIRT (INCLUDES MEDAL) \$10

() 5K RUN/WALK PRE-REGISTRATION (INCLUDES SHIRT) \$20
 REGISTRATION DAY OF RUN (SHIRT NOT GUARANTEED) \$25

*ONLINE REGISTRATION AVAILABLE AT ACTIVE.COM OR AAARACESERVICES.COM

T-SHIRT SIZE

() YOUTH SMALL () YOUTH MEDIUM () YOUTH LARGE
 () ADULT SMALL () ADULT MEDIUM () ADULT LARGE () ADULT XL () ADULT 2XL

WAIVER

I AM KNOWINGLY COMPETING IN THE 5K AT MY OWN RISK. I HEREBY WAIVE AND RELEASE **CITY OF BOWERSVILLE AND FLAT SHOALS BAPTIST CHURCH**, ALL EVENT SPONSORS, ALL WORKERS, ALL VOLUNTEERS, AND OFFICIALS FROM ANY CLAIMS OF INJURY (INCLUDING DEATH) THAT MAY OCCUR WHILE ATTENDING OR COMPETING IN THIS EVENT. I HAVE FULL KNOWLEDGE OF ALL RISKS INVOLVED IN AND WITH THIS EVENT. IF, BECAUSE OF COMPETING IN THIS EVENT, I REQUIRE MEDICAL ATTENTION, I HEREBY GIVE CONSENT TO AUTHORIZE MEDICAL PERSONNEL TO PROVIDE SUCH MEDICAL CARE AS DEEMED NECESSARY. I STATE THAT I'M IN THE PROPER PHYSICAL CONDITION TO PARTICIPATE IN THE EVENT OF THIS NATURE

SIGNATURE: _____ DATE: _____
 (PARENT SIGNATURE REQUIRED IF UNDER 18)

*MAKE CHECKS PAYABLE TO FLAT SHOALS BAPTIST CHURCH (MEMO: 5K FUNDRAISER)
 *MAIL FORMS TO TAMMY MILLER 946 BENSON STREET; HARTWELL, GA 30643