

RIVERFRONT RUN



5K RUN & 1 MILE WALK

October 30, 2010

Albany Welcome Center 112 N. Front Street, Downtown Albany, Georgia

Proceeds Benefit Darton College Foundation, Inc., Allied Health Program

5K Run featuring *CHIP TIMING* starts at 8:30 AM – 1 Mile Walk starts at 9AM

For More info and Online Registration Visit www.RiverFrontRun.com

5K Run Awards: Overall male/female, masters' male/female, grand masters' male/female winners, and top three in age divisions: 9 & under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 74-79, 80+.

Entry: Adults: Pre registration postmarked by Sept 10, 2010 - \$20.00 / After Sept 10, 2010 - \$23 / Race Day - \$25

Children (under 12): Pre registration postmarked by Sept 10, 2010 - \$15.00 / After Sept 10, 2010 - \$18 / Race Day - \$20

Amenities: All Registrants will receive an official RiverFront Run T-Shirt (guaranteed to pre-registered participants).

Live bands at the start and finish and on the course; water stations, goodie bags, post-race treats, door prizes and expo!

Packet Pickup: 3-6 PM at the Albany Welcome Center (112 N Front St) on Friday, Oct. 29th and on race day from 7:00 - 8:15 AM

Race Day Registration: will be held at the Albany Welcome Center (112 N Front St) – 7:00 A.M. until 8:15 A.M.



Please Complete Entry Form Below – Call 229-436-8191 or email info@riverfrontrun.com for more info

Attach Payment Payable to the DCMS – PO Box 1828 Albany, GA 31702-1828

Please **PRINT NEATLY** and fill out completely (entries without age and gender will not be eligible for age group awards.)

Race: 5K: _____ 1 Mile Walk: _____



Name: _____ Age on race date: _____ Gender: M _____ F _____

Address: _____ Date of Birth: (mm/dd/year): _____ / _____ / _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____ - _____ Email: _____ (Please write legibly!)

T-Shirt Size: (check one) ADULT: S _____ M _____ L _____ XL _____ **Georgia Grand Prix Participant:** (yes) _____ (no) _____

Race Registration: Child \$ _____ Adult \$ _____ **Total Amount Paid:** \$ _____ (check one) Cash _____ Check _____

Waiver Must Be Read and Signed Before Mailing:

"In consideration of this entry being accepted, I hereby for myself, heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against Dougherty County Medical Society, Inc., race officials, and all sponsors, of all claims or liabilities of any kind arising out of my participation in this event or while traveling to and from. I allow any photographs or materials from this event to be used to publicize this or future RiverFront Run Events"

Signature Required _____

Date _____

(Parent's Signature if Under 18) _____