

**MILES FOR A CURE
BLUE POWDER
RUN/WALK
ENTRY FORM**

Please fill out a separate form for each family member -

(circle) Male Female

(check one) Registering for 5K____ or
1 mile walk ____

First Name _____

Last Name _____

Age (on race day)_____

Address _____

City / State / Zip _____

Phone Number _____

Email _____

Shirt Size: Circle One

YL S M L XL XXL XXXL

**ONE FORM PER PERSON
PHOTOCOPY AS NEEDED**



Money raised from this event will be used towards the American Cancer Society's mission of eliminating cancer through RESEARCH, EDUCATION, ADVOCACY, AND PATIENT SERVICES. Thank you for your support with our MISSION!

**American Cancer
Society
Mile For A Cure -
5K Run & 1-mile walk**

**Miles For A Cure
Blue Powder 5K/1 mile**



**Saturday, November 8
2014**

**Registration
7:30 AM - 8:30 AM
Run Begins - 9:00 AM**

AWARDS

Awards for the 5K
Runners will be presented
following the race

Top Three Finishers in 5K
for male and female

and

Age Division Awards
For Male/Female
First, Second and
Third Place Medals in 5K

9 & Under
10-14
15-19
20-29
30-39
40-49
50-59
60 & over

(All Athletes will be asked to sign at registration)

WAIVER AND RELEASE STATEMENT

I will participate in the following event:

I have read the accompanying event information and understand the policies of the event. I know that running and walking a trail race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures, traffic and all conditions of the race path all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and **WAIVE, RELEASE AND DISCHARGE** the American Cancer Society, the City of Dayton all sponsors, race officials, workers or volunteers, their representatives, successors or assigns for **ANY AND ALL** claims or liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsors, organizers and or agents authorized by them, to use any photographs videotapes, motion pictures, recordings or other record of the event for any reasonable purpose.

Signature of Participant

Date _____

Pre-Registration Deadline
October 27, 2014
to guarantee tee-shirt

5K Run or 1 Mile Walk
pre-registration \$20.00

Day of entry fee for each
\$25.00

REGISTER ONLINE at
ACTIVE.COM
(Miles For A Cure Blue Powder)

Race shirts and goodie bags are guaranteed for pre-registered participants. Pre-registered forms and money must be received to address below or register online by October 27th. Extra race shirts will be available first come first serve on the day of the race.

AMERICAN CANCER SOCIETY

Miles For A Cure Run/Walk
Angela Mathis
6221 Shallowford Road, Ste 102
Chattanooga, TN 37421

For more information contact:
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