



5K & 1 Mile Run/Walk

For the Awareness & Prevention of Youth Suicide

Saturday, September 07, 2019 | 8:00 AM

Hosted by Greenleaf Center, LLC in support of The Jason Foundation www.jasonfoundation.com

REGISTRATION & LIABILITY WAIVER FORM

Each participant/ participant guardian must sign this form

5k Run/Walk 1 Mile Fun Run Ghost Runner

Name

Age (On Race Day):

Address

Date of Birth:

City State Zip

T-shirts are Available to all pre-registrants

Adults T-shirt size: S M L XL 2X

Children sizes: YS YM YL YXL

E-mail

Sex: M F

LOCATION: Race will begin and end at McKey Park 112 Burton Ave, Valdosta, GA 31602

TIME: 7:00 - 7:50 AM Registration 8:00 AM 5K Race Begins

1Mile Fun Run 9:00AM REGISTRATION FEE: \$15.00

REGISTRATION FEE: \$20.00 Pre-register by August 24th \$25.00 After August 24th up to Race day

RELEASE OF LIABILITY (ADULT)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperation and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, and telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risk involved by participating in this event.

Signature

Date

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name: Birthdate: Sex: M F Parent/Guardian Name: Home Phone

I, grant permission for my child, to participate in Greenleaf's B1 Fun/Run/Walk to benefit the Jason Foundation's. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Jason Foundation, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature

Date

Please make checks payable to: Greenleaf Center, LLC

Please return Registration & Liability Waiver Form to: Greenleaf Center, LLC 2209 Pineview Drive Valdosta, GA 31602

Online registration also available at: www.runningintheusa.com