

National Association of Police Athletic/Activities Leagues' motto is, "It's better to build youth than *mend adults*."

MARIETTA SHAMROCK SHUFFLE 5K WALK/RUN

Marietta Shamrock Shuffle 5K

Saturday March 21, 2026, at 8:00am

With your support, the Marietta Police Athletic League can continue to provide school-aged youth with free & affordable sports and recreation programs.

Shamrodk Shufile 5K

Fun prizes for dressing up in your St. Patrick's Day costumes:

- * Awards will be given to the 1st, 2nd, and 3rd place overall male and female. Also, 1st, 2nd, and 3rd awards will be given in the following age groups: 12 and under; 13-18; 19-30; 31-40; 41-55; 56 and over.
- * Prizes will be given for most spirited St. Patty's Kids (for those 12 & under); the Most convincing Leprechaun, Best Wearin' O' the Green and Best Dressed Team (groups of 3 or more)

Entry Cost information:

\$40 for early registration (until February 1, 2026); \$50 after February 1, 2026); \$60 on race day

OTHER INFORMATION: Results and Timing by the GA Runners.

MAKE CHECKS TO: Marietta Police Athletic League, then mail to 240 Lemon Street, Marietta, GA 30060

REGISTER AT https://runsignup.com/Race/GA/Marietta/ShamrockShuffleMarietta

CONTACT: Shamrock Shuffle email: emcneel@mariettaga.gov

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|---|--|--|--|--|
| Please Print Legibly Mail in ap | plications | Must Be Receive | ed by February 1 | , 2026 |
| Name | | Sex | Age | _ |
| Address | | | | _ |
| City, State, Zip | | | | _ |
| Phone | | | | _ |
| Shirt Size (circle one) S M L XL | XXL* *(Ad | dditional \$2.00) | | |
| Extra Shirt (Size) (Additional \$15.00) | Team Nam | e | | _ |
| Waiver (MUST BE SIGNED) | | | | |
| with the event, sponsors and their representatives, volunteers and employed and/or damages suffered by me before, during or after the event. I recognize administrators, or assignees. I know that running a road race is a potentially properly trained. I assume all risks associated with running in this event inclu traffic, and course conditions, and waive all claims which I might have based such risks are known and understood by me. I agree to abide by all decisions condition to my being permitted to enter this race that I am physically fit and has verified my physical condition. In the event of an illness, injury or medical Directors to secure from any accredited hospital, clinic and/or physician any responsible for payment of all medical services and treatment rendered to my hospitalization. By submitting this entry, I acknowledge (or a parent or adult waiver. Further, I grant permission to all the foregoing to use my name, voice other print, videography or electronic recording of this event for legitimate process. | e, intend and under hazardous activity uding, but not limit on any of those all of any race official d sufficiently trainer al emergency arising treatment deemen in eincluding but not guardian for all che e and images of m | erstand that this release is bin . I should not enter and run used to: falls, contact with other do other risks typically found all relative to my ability to safeed for the completion of this and during the event I hereby as to necessary for my immediated inmitted to medical transportildren under 18 years) having | Iding on my heirs, executors inless I am medically able to be participants, the effects of in running a road race. I ackely complete the run. I certifievent and that a licensed Meauthorize and give my consette care. I agree that I will be the medications, treatment agread and agreed to the about 1 will appear to the about 1 will appear and agreed to the about 1 will appear and and agreed to the about 1 will appear and agreed to the about 1 will appear and agreed to the about 1 will appear and 2 will a | of the second of |
| Signature: | | | Date: | |
| Parent or Guardian if under 18: | ill be issued for a | ny reason | | |