## Finish Line Services Presented by A Course/Line, LLC of Valdosta



August 24, 2013 - Race Starts 7am

**Course:** Course markers will be positioned to provide directions on the day of the race. Race is as follows; Begin: Outside of the student union, N. Oak to W. Alden Ave, W. Alden Ave to N. Patterson street, turn right on to Mary street, turn right on to Sustella Ave, turn right on to Baytree Rd, continue to North Oak. Course length is 5k (3.1 miles)

**Awards**: A first place award will be given out to a men's and women's division for the following categories: Age 13-17, Ages 18-29, Ages 30-50, and Age 51 & up. Random prize drawings will be awarded. There will also be one overall winner for an Ages 12 and under category.

**T-Shirts**: All paid participants that register by August 16 are guaranteed a t-shirt. The price of the shirt is included in the entry fee.





Name:						
Address:						
City	State	Zip	Age (as of	8/24/2013)	Birth Date	
Male[] Female[] Walke	er[] Runner[] Emai	l:				
Emergency Contact Inforr	mation: Name, Telepho	one Number, Address: _				
T- Shirt Size:	Adult S [ ]	Adult M [ ]	Adult L [ ]	Adult XL [ ]	Adult XXL [ ]	
Waiver: In consideration of my entry being accepted, I intend to be legally bound and do hereby, for myself, my heirs, and executors, waive all rights and claims for damages which I [or my child (ren)] may have or which hereafter accrue to me against The Board of Regents of the University System of Georgia by and on behalf of Valdosta State University, their members individually and their officers, agents, employees volunteers and sponsors for any and all damages or injuries which may be sustained or suffered by me in connection with my association with or entry or participation in the Homecoming 5k Fun Run/Walk. I hereby acknowledge and understand, that race participants may be subjected to inherent risks, including but not limited to bodily injury and other unforeseen injuries. I hereby assume any and all such risks seen and unforeseen. If injury or illness occurs, I authorize the officials of the event to use their discretion to have me transported to a medical facility and such action by Valdosta State University shall be subject to the terms of this release. I understand and agree that Valdosta State University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. Further, I assume personal and financial responsibility for any such medical care and treatment. I attest and verify that I (or my child (ren) is/are) am physically fit and have sufficiently trained for the completion of this event. I have read the above release and understand that I am entering this event at my own risk.						
Signature of Participant		Date	Sig	nature of Parent of Guard	ian (If participant is under the age of 18)	