34th Annual
Tillman Clocktower
Road Race & 2 Mile Health Walk

Saturday, August 17, 2019 at 8:00 am

Presented By

LAW OFFICE OF DANIELE TEDESCO, LLC

Benefitting

The Exchange Club Family Resource Center

Diamond Sponsors

COOSA VALLEY FAIR

ROME, GA

ROC ROME ORTHOPAEDIC CENTER & SPORTS MEDICINE

LOCATION Heritage Park - Pre- and post-race activities - Behind the Levee on 2nd Avenue, In the Park Next to the Finish Line; Race starts on Second Avenue, runs through Historic Downtown Rome, and finishes on the Levee

REGISTRATION Pre-register by mail or through www.runsignup.com through August 8, 2019. Register on race day from 6:30 to 7:30AM.
Postmarked or registered on runsignup.com by 7/27: 5K is $25; 2 Mile is $20.
7/28 until 8/8: 5K is $30; 2 Mile is $25. Race Day: 5K is $35; 2 Mile is $30.
Teams of 10 or more (any combination of run & walk) receive a discount of $3 per person.
Registrations for each team must all be submitted together no later than August 8, 2019.

PRE-RACE PACKET PICKUP *Avoid the race day crowd! Pre-registered participants may pick up race packets and numbers on Friday, August 16th, from 4:00 pm until 6:00 pm at Pro Performance, 100 Broad Street, Rome, GA*

AMENITIES Short-sleeved tee-shirts guaranteed to all participants pre-registered by 8/8. Remaining shirts distributed first come first serve. All participants in 5K and Health Walk are eligible for great participants' packets, music, refreshments, pre- and post-race massages by Corrective Body Works & other fantastic swag.

5K AWARDS Male and Female - 1st place for Overall, Masters, and Grand Masters; 1st, 2nd, & 3rd in each 5-year age group, from 10 & under through 75 & older.
5K RACE IS CHIP TIMED. USATF Certified Course GA13073WC. Walk is non-competitive

For Information Call Jason & Kelly Sanker at (404) 723-7732 or Email tillmanclocktowerrace@yahoo.com or Visit us on the Web at www.tillmanclocktowerrace.org.

ATTENTION: Please read carefully and print all information. Waiver must be signed. If under 18 years of age, applicant must have signature of parent or guardian in addition to his/her own. Illegible or incomplete entries will not be accepted. No refunds. Race will be held rain or shine. Bicycles, skateboards, baby joggers or strollers, roller skates or inline skates, and other wheeled conveyances, radio headsets, and animals are not permitted due to insurance considerations.

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CLOCKTOWER ROAD RACE - August 17, 2019

Circle One: 5K Race 2 Mile Walk

Mail entry form and checks payable to:
Family Resource Center
P.O. Box 168
Rome, GA 30162-0168

Name:_____ Age: _____ Date of Birth:_____ Gender: M F
Circle One

Address:_____ City: _____ State: _____ Zip: _____

Phone:(____)_____ Email:_____ Shirt: YS YM S M L XL XXL XXXL
Circle One

Amount Enclosed: Registration $_____ Add'l tax deductible donation $_____ Total $_____

Waiver:
I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Exchange Club Family Resource Center, City of Rome, Georgia, & Rome Floyd Parks and Recreation and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I certify that I am 18 years of age or older, or that I am the Parent/Guardian of the entrant and am granting permission for him/her to participate.

_____ | _____
Signature Date Parent/Guardian (If under 18) Date