5th Annual “Run for the Nurses” Registration Form
April 2, 2016

Participant Information

Last Name______________________ First Name______________________
Mailing Address________________ City________________ State______Zip______
Day Phone Number__________________ Age______ DOB______Sex______
E-mail address__________________________

ABAC Alumni? Year Graduated:_________ Major:__________________

Entry Fees

If pre-registered by: February 6 5K = $20 ½ marathon = $30
February 7 – March 5 5K = $25 ½ marathon = $35
March 6 – Race Day 5K = $30 ½ marathon = $40

Circle Race Choice

Tee – Shirt

Adult Sizes:

Circle Choice: SMALL MED LARGE X-LARGE XX-LARGE

Payment

Make checks payable to: ABAC Foundation

Mail check and form to:
School of Nursing and Health Sciences
Attention: Becky Arnold
ABAC 52
2802 Moore Hwy
Tifton, Georgia 31794 - 2601

Release must be signed: I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high 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 into this running race, I, for myself and anyone entitled to act on my behalf, waive and release Abraham Baldwin Agricultural College and its officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of an 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 understand that bicycles, skateboards, baby joggers, roller skates or inline skates and animals are not allowed in the event and I will abide by this guideline. I am aware that the use of personal audio devices is strongly discouraged.

Signature of Participant: ________________________ (Guardian if under 18 years of age)