American Breast Cancer Association

Pink Ribbon Run

Lake Olmstead, Augusta, Georgia
5k Run/Walk H 1M Kids Run
Sat. 9:30 am, Nov. 8th, 2008
(To Observe National Breast Cancer Awareness Month)

Male/female (runner) age groups : 10 & under, 11-15, 16-23, 24-31, 32-39, 40-47, 48-55, 56-63, 64 and over.

Contribution: **5K- Pre-registration: $12.00 on/before Sept. 27th; $15.00 after Sept. 27th;**
1M- Registration (Kids): $10.00; Race day Regtn. & Package P/up : 8:30 am

Net proceeds will support Public Education, Free Mammogram and Research
Awards Trophies Door Prizes Raffle Refreshments
T-shirts (limited supply requires early registration) Entertainment

Special awards: 1) Group with maximum participation 2) Top financial donor.
Surprise gifts: Runners/walkers bringing $50.00 or more donations.
For More Information, call: 706-860-8127 or 706-860-2557

Official Entry Form: 2008 Pink Ribbon Run

Check amount: _____ Payable to: American Breast Cancer Association
Address: 113 Redbud Lane, Augusta, GA-30907

_____ Last Name _____ First Name _____ MI _____ Address (Number and Street or P.O.Box)

_____ City _____ State _____ Zip Code _____ Age _____ Date of Birth _____ Home Phone

Sex: Male _____ Female _____

EVENT : ☐ 5K Run ☐ Walk H ☐ 1 Mile Run H T-shirt size : ☐ X-Large ☐ Large ☐ Medium ☐ Small

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

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 may have or which may hereafter accrue to me against the sponsors or any subsidiary or political subdivision thereof, its or their respective officers, agents representatives, successors, assigns and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with or entry or participation in Run for Breast Cancer. If I should suffer injury or illness I authorize the officials of the race to use their discretion to have me transported to medical facility and take responsibility for this action. I attest and verify that I 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 _____ Date _____ Parent or Guardian Signature, if under 18