

Christian Medical and Dental Association & Front Row at UGA present 5K Color Run



Sandy Creek Park
Sunday, April 9
9:00 AM



The Christian Medical & Dental Association at UGA strives to further the development of the relationship between pre-health students, fellow peers, and God focused around ministry, prayer, and worship.

Front Row at UGA has a mission to help individuals and families who are braving critical health challenges to **“live life in the front row™”**.

Location: Sandy Creek Park. 400 Bob Holman Rd Athens, GA 30607

Time: 7:00 AM- Setup
8:00 AM-Registration
9:00 AM- Race Starts

Course: The course is on paved roads throughout the park. The color stations are wide enough for those opting out of color may run around the station.

Awards: Awards will be presented to Overall Male/Female, Masters Male/Female, and Top 3 Male/Female in 5-year age groups beginning with 10 and under through 75 and over.

T-Shirts: T-shirts will be given to participants who **pre-register** by March 30, 2017 and will be given to late registrants as available the day of the event.

Refreshments: Provided after the race.

Registration: \$20 per person. Late registration and day of race cost is \$25 per person. Race day registration will be available beginning at 8:00 am.

Register one of two easy ways:

1) By mail – Complete the registration form on back and send to:
Classic Race Services, 1860 Barnett Shoals Road, Suite 103-498, Athens, GA 30605

Make check payable to “UGA CMDA”

2) Online at: active.com

(Please Print – One Registration per person – May be copied as needed)

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Age _____ DOB ____/____/____ Gender: M F

T-shirt Size (circle one) S M L XL XXL no shirt

I cannot participate, but would like to support the event in the amount of \$ _____. THANK YOU!

Waiver: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials and sponsors of the UGA CMDA Color Run 5K sponsored by the UGA Christian Medical and Dental Association for injury or illness, which may result directly or indirectly from my participation. I further state that I am in proper condition to participate in this event.

Participant signature (if under 18 – parent's signature is required)

Date