



4th Annual William's Run/Walk With a Vision 5k

April 7, 2012



Event Info:

William's Run/Walk With a Vision is a 5K (3.1 mile) family walk/run to raise public awareness of blindness and raise money to fund retinal research.

Proceeds from this event support our mission to find treatments and cures for Retinal Degenerative Diseases.

Chip timing will be provided. Jogging strollers & friendly pets are welcome.

LIGHT Refreshments & child friendly activities (such as bouncy houses & Easter Egg hunt) will be available during the event.

Event Location:

Lane Southern Orchards (Pavilion Area) - 5mi West of I-75 on Hwy 96 - <http://www.lanesouthernorchards.com>

Event Schedule:

Saturday, April 7, 2012 : 8:00-8:45 a.m. : Registration/ Check-In/ Packet pick-up

9:00 – 10:30 a.m. : Run/Walk Run or Walk at your own pace

9:30-11:30 a.m. : Festivities and Refreshments (awards ~10am and **Easter Egg Hunt** ~10:30am)

Name _____ Age _____ Phone _____

Address _____ City _____ State _____

Zip _____ Birth Date _____ Male/Female T-Shirt Size (2XL+\$3) _____

_____ **\$25 individual registration (1 t-shirt & timing bib/chip)**

_____ **\$75 family registration (up to 4 t-shirts & bibs/timing chips)**
(please fill out a form for each participant in family registration with a single check attached)

Please indicate if you do not want a t-shirt or bib/timing chip
Registrations received after March 29, will NOT be guaranteed a shirt

In consideration for allowing me to participate in this charitable event, I (and my parent if under 18 years of age), my heirs, administrators, and executors hereby waive and release Lane Southern Orchards, event organizers, volunteers, and sponsors from any and all claims, injuries, or damages arising out of my participation in this event. I understand that I should be in adequate physical condition to participate in this event and take full responsibility for my health status and impact my participation in this event may have thereon. I further attest that I am in proper condition to participate in this event

Signature of Entrant (or parent if Entrant is under 18) _____ Date _____

Checks Payable To: The D'Angelo Foundation - CRB1 Fund
Mail To: Houston Family Health, PO Box 8909 Warner Robins, GA 31095

Please go to www.active.com to register online.
Call 478-320-8601 for more information. **THANK YOU !**