

BODYPLEX PRESENTS

GET *Milledgeville* MOVING 5K

REGISTRATION: 7:15 AM
1 MILE FUN RUN: 8:00 AM
5K RACE: 8:30 AM

Saturday, April 22, 2017
at Central State Hospital

Location: Both races will begin at the Powell Building of Central State Campus.
620 Broad St., Milledgeville, GA 31061

Entry Fees: 5K - \$20 Pre-registered by April 12th (t-shirt guaranteed), \$25 after & Day of Race
1 Mile - \$10 Pre-registered to Day of Race

Early Packet Pick-Up: Friday, April 21 at Bodyplex (1850 N. Columbia St.) from 8 AM - 9 PM

Awards: 1 Mile - Ribbons for all participants, 1st-3rd place Overall Male & Female Winners
5K - Overall Male & Overall Female, Top 3 male & female winners in each of these age groups:
14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+
School Spirit Award - awarded to the school that has the most representatives

Entry: Send/Drop off forms to:
Bodyplex, Attn: Lina Sealy, 1850 N. Columbia St., Milledgeville, GA 31061
Checks Payable To: Bodyplex

Additional Race Information: Lina Sealy, linasealypt@gmail.com, (478) 414-1444

Get Milledgeville Moving 5K Registration Form

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

DOB ____/____/____ Age on Race Day _____ Sex: M or F

Email: _____

Event Entering: 5K ____ Fun Run ____ Total Amount Enclosed: \$ _____

School Representation (if applicable):

GMC JMA BHS

Oak Hill GCSU

Circle Shirt Size for 5K:

YS YM YL

Adult: XS S M L

XL 2XL 3XL

Signature _____ Date: _____

(guardian if under 18)

I hereby certify the following: I am physically fit and have received medical clearance to participate in the Get Milledgeville Moving 5K & Fun Run. If I do participate, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees, from any and all claims that may occur as a result of my participation.

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. 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 high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Get Milledgeville Moving 5K/Bodyplex, the city of Milledgeville, and Central State Hospital, all event 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 my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

I will respect the Central State Hospital property and will not enter any of the buildings on the property. I will also not bring any alcohol on the premises. I understand that failure to follow these rules will result in my disqualification from the race with no refund.