



BARNES
HEALTHCARE SERVICES

BARNES 100 YEAR 2ND ANNUAL 5K FUN RUN/WALK

SATURDAY, JULY 17, 2010

Time: Registration @ 7:00 am; 5K run/walk 7:30 a.m.

Location: Start/Finish - Barnes Drug Store Downtown
200 South Patterson Street Valdosta, GA 31601

Sponsored by: Barnes Healthcare Services for the **Partnership Cancer Fund**

Entry Fee: (Early) Registration by July 6, 2010 = **\$15**

*Barnes senior discount ages 50+ and non-motorized wheelchairs = **\$10**

*Family pack (parents and their children under 18yrs old) = **\$40**

(Late) Registration after July 6, 2010 = **\$20**

Registration (Day of the event) = **\$25**

*(discount does not apply after early registration)

Awards: Overall top Male and top Female
Top two male and females in each category
All awards presented after 5K run/walk completed

Age groups: 12 & under; 13-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80+

Contact: www.barneshc.com - 5k@barneshc.com
www.getactivevaldosta.com



2010 Get Active Grand Prix

Complete form and make payable to **Barnes Healthcare**:

Please stop by Get Active or mail the completed entry form below along with payment for: Barnes Healthcare- 200 South Patterson Street - Valdosta, GA 31601 - Please print legibly. Fill out one entry form for each participant.

Name: _____ Age: _____ F/M: _____ Shirt size: S M L XL 2X

E-mail: _____ City: _____ State: . Zip: _____

Phone: _____ Emergency contact: _____ Phone: _____

5K early registration = \$15 _____ 5K late registration = \$20 _____ 5K race day = \$25 _____

*Family = \$40(parents and their children under 18 yrs. old, each participant fill out separate form) _____

Other _____ Amount Paid: _____

In the consideration of this entry, I, the undersigned intending to be legally bound hereby waive any and all claims for myself, my heirs, executors, administrators, against official and/or sponsor of the Barnes Healthcare Services, the city of Valdosta, and any illness which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate in this race and grant full permission to any and all of the foregoing to use photography, videotaping, motion picture, and other record of the event for any purpose.

Signature of Participants: _____ Date: _____

Signature of parent if participant is under 18: _____ Date: _____