



# Buzzard Blast

## 5K Run/Walk, Fun Run, and Children's Dash

Saturday April 24, 2010

8:00 am start for 5K at the Jefferson Hospital Wellness Center – visit website [www.buzzardblast.com](http://www.buzzardblast.com)

9:00 am start for children's races at the Wellness Center

Stay for the Buzzard Blast Festival at Helen Clark Memorial Park

**5K, Fun Run, and Children's Dash Registration:** If pre-registration is made before April 10, 2010, then a t-shirt is included. **If registration is received after April 10, 2010, then no t-shirt is included. Awards will be given to age group winners.**

**Check in and Registration:** Registration on the day of the event will begin at 7:30 am for the 5K and 8:30 am for the children's races at Jefferson Hospital. To view the race map visit our website.

**Information: Contact** Lisa Valduga at 478-625-7648

### Complete the following:

Mail by April 8 to: Jefferson Hospital, Buzzard Blast Run, Attn: A. Faglier, 1067 Peachtree St, Louisville, GA 30434. Please include \$15 fee or \$5 fee. **You must pre-register to receive a t-shirt. Make checks to: Jefferson Hospital Foundation.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Sex (circle one) **M** **F** Date of Birth \_\_\_\_\_ Age on Race Day \_\_\_\_\_

**T-Shirt Size (circle one) Adult: S M L XL XXL Child: S M L**

### Entry Fees:

- **5 K Run.....\$15**
- **Fun Run (age 6 – 12).....\$5**
- **Children's Dash (age 2 – 5).....\$5**

### Waiver

I know that participating in this race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete it safely. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and conditions of the paths and roads, all such risks being known and appreciated by me. Having read this waiver, I, for myself and anyone entitled to act on my behalf, waive and release the Jefferson Hospital, its officers and agents, the City of Louisville, the County of Jefferson, the State of Georgia, all 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 on the part of the persons named in this waiver.

Signature of Participant

Date

Parent's Signature, if under age 18

Date