

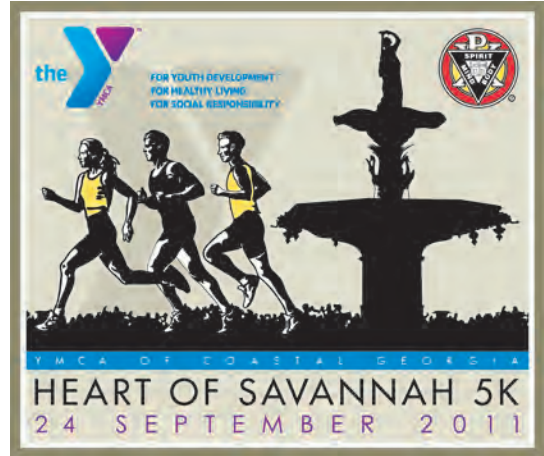
YMCA OF COASTAL GEORGIA

# HEART OF SAVANNAH 5K/1 MILE WALK

September 24, 2011

8:00AM at Forsyth Park

A day in Forsyth Park for Everyone!



Register online at [www.active.com](http://www.active.com), any YMCA of Coastal GA Branch, or at Fleet Feet Sports Savannah

**Mail Registration Forms To:** YMCA of Coastal Georgia  
6400 Habersham Street Savannah, GA 31405

**Make Checks Payable To:** YMCA of Coastal Georgia

**Registration Fees:** \$30 until Sept. 21st \$35 September 21st to RACEDAY

**Packet Pick-Up:** Habersham YMCA Friday September 23rd 9am-6pm

5K Run  1 Mile Walk  1/4 Mile Kiddie Run (FREE)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**E-Mail** \_\_\_\_\_

**Age** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Gender** \_\_\_\_\_

**YMCA Branch** \_\_\_\_\_ **Shirt Size - S M L XL XXL**

In consideration of my being accepted, I intend to be legally bound, and do hereby, for myself, my heirs and executors, waive and release all rights and claims for damages which I may have or which may hereinafter accrue to me against the YMCA. The YMCA or its respective officers, agents, representatives, successors, assigns and sponsors for any and all damages or injuries which may be sustained and suffered by me in consideration with my participation in the YMCA Heart of Savannah 5K. If I should suffer injury or illness, I authorize to officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for their action. I attest and verify that I am physically fit and have sufficiently trained for this event. I hereby grant my full permission to any and all of the forgoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Date

Signature

Parent or Guardian Signature if under 18