ADMH
Adult Disability Medical Home

RUN for health 5K/1K

BROOK RUN PARK
4770 N. PEACHTREE ROAD DUNWOODY
SUNDAY, SEPTEMBER 17, 2017

Providing comprehensive medical care to teens and adults with Down syndrome and other developmental disabilities.

COURSE: Safe and scenic route entirely in Brook Run Park

START TIMES: 5K: 9:00am   1K: 9:15am

Registration and packet pick up from 8:00am

REGISTRATION (up to Friday 9/15/17 at 5:00pm):
Online at www.active.com (*search for ADMH*)
OR mail this race entry form with your check
Awesome Race T-shirt (guaranteed for pre-registered)

AWARDS:

• Overall male and female
• Overall male and female masters
• Overall Male and female push-assist
• 1st, 2nd and 3rd place for male and female age groups

RACE ENTRY FEE:

• $30 until Friday 9/15/17 at 5:00pm
• $35 at Brook Run on Race Day
• $15 for kids 10 and under
• $10 for ADMH Patients

PARKING: Brook Run Park has plenty of parking.

VOLUNTEER: Email us at run.admh@gmail.com

Email us at run.admh@gmail.com with any queries about our Push-Assist Division or any other questions.

RUN & SEE GEORGIA GRAND PRIX Since 1989 www.georgiarunner.com

PEACHTREE ROAD RACE QUALIFIER

USATF CERTIFIED COURSE 2017 SANCTIONED EVENT

RACE ENTRY FORM

NAME: _____

PHONE: _____

EMAIL: _____

TEAM: _____

AGE ON 9/17/17: _____ M/F: _____

EMERGENCY CONTACT

NAME: _____

PHONE: _____

EVENT: ☐ 5K   ☐ 1K   ☐ PUSH-ASSIST DIVISION

T-SHIRT SIZE:
☐ Youth Medium ☐ Youth Large
☐ Small   ☐ Medium   ☐ Large
☐ X-Large   ☐ XX-Large

WAIVER:
In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against all officials, sponsors & volunteers for injuries or illness I may receive from participation in the ADMH 5 K/1K run/walk. I further state that I am in proper physical condition to undertake this physical activity. By signing this waiver, I also accept the terms and conditions of the USATF waiver which can be reviewed on our EVENTS page at www.theadmh.org.

Signature _____ Date: _____
(if under 18, parent or guardian)

ENTRY FEE: $_____
DONATION TO ADMH: $_____
TOTAL: $_____

Send entry form and check *(payable to ADMH)* to:
**ADMH
PO Box 88534
Atlanta GA 30356**

5K/1K RUN/WALK   WWW.THEADMH.ORG