



THE TERMINATOR

Saturday, August 28, 2021

Sandersville, GA



5K Road Race – 9:00 AM

1 Mile Walk – 9:15 AM

ABOUT THIS RACE:

Join us for the second annual Terminator 5K and 1 Mile Walk to *terminate* brain cancer. Runners and walkers of all ages and abilities are welcome. Proceeds will be donated to: The Preston Robert Tisch Brain Tumor Center at Duke University for brain cancer research and the Pam Stewart Cancer Foundation to help individuals, and their families, who are battling cancer. The race will start and finish at Brentwood School – 725 Linton Road, Sandersville, GA 31082.

RACE REGISTRATION:

5K: [\$35 through 08/21/21 (t-shirt included)
\$40 from 08/22/21 until race day (t-shirt not guaranteed)

1 MILE [\$25 through 08/21/21 (t-shirt included)

WALK: \$30 from 08/22/21 until race day (t-shirt not guaranteed)



- Please arrive 30 minutes prior to race time.
- Mail registration form and check payable to: The Pam Stewart Cancer Foundation at 511 Lee Street, Sandersville, GA 31082. All donations are tax deductible.
- Contact: Pam Stewart (478-232-9761) / Trey Stewart (478-232-5328) / TheTerminator5K@gmail.com

REGISTRATION FORM

One participant per form.

NAME: _____ BIRTHDATE: _____ AGE ON RACE DAY: _____

ADDRESS/CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

GENDER: M F T-SHIRT SIZE (PLEASE CIRCLE): ADULT CHILD S M L XL XXL(+\$2)

RACE CHOICE (select one):

5K One Mile Walk Phantom Runner (t-shirt only \$15)

I am not participating, but I would like to make _____ Amount Enclosed: _____ a donation in the amount of \$ _____ (donations are tax deductible) \$ _____

Waiver: In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, and sponsors and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, effects of weather, traffic, road conditions, and all such risks being known by me. I attest that I will participate in this event as a footrace/walk and that I am physically fit and medically able for the completion of this event. Furthermore, I hereby grant full permission to use my name and any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

SIGNATURE: _____ Date: _____

SIGNATURE of parent or guardian: _____ Date: _____
(if under 18 years of age)