



## Saturday, April 16,2022 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:**

Early Bird (now until 3/31/22, 11:59pm) - \$35

After March 31st to Race Day - \$40

- 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:				
Date of Birth:			Age on Race Day	
Gender	Male:	Female:	E-Mail address:	
Phone: Sh		S	nirt Size:	
executor sponsors risks ass weather, footrace/ permissic purpose,	s and administrators and their represe ociated with partic traffic, road conditionally and that I amen to use my name including advertisionally this waiver in them.	rs, waive and release ntatives, successoratives, successoratipating in this event ons, and all such riphysically fit and me and any photograping and promotion.	entry, I, the below signed, intending to be legally bound, for myself, my heirs, my se any and all rights and claims for damages I may have against the race, and so, and assigns for any and all injuries suffered by me in said event. I assume all including but not limited to: falls, contact with other participants, effects of sks being known by me. I attest that I will participate in this event as a nedically able for the completion of this event. Furthermore, I hereby grant full his and any record of this event in which I may appear for any legitimate abox for them stating: "By checking this box, I agree to the waiver and that I am er this participant and agree to the waiver for them.	
SIGNAT	URE:			
Date:				
SIGNAT	URE of parent o	r guardian:		
Date:		(if under 18 years	s of age)	