Physicians Who Care **2017 Grand Prix** Race Entry Form

Saturday, April 22, 2017
The Chamber of Commerce Building, Gadsden, AL

5K Start @: 9:00am----Walk Starts @: 9:15am **Pre-race registration starts @: 8:00am**

Please choose one:
____5K RUN **____1 MILE WALK** **Or Register online at RUNSIGNUP.COM**

Name_____

Address_____

City_____

State_____ Zip _____

Age_____ Sex _____

Date of Birth _____
(Runners only)

E-Mail Address: _____cell #_____

TOP THREE WINNERS

1ST **Place --$500.00(Adult M/F)**

2nd Place --$300.00(Adult M/F)

3rd Place --$100.00(Adult M/F)

Chip Timing by: RACE KREWE

Please circle Adult t-shirt size: **Small** **Medium** **Large** **X-Large** **XX-Large** **XXX-Large**
(shirt guarantee registration deadline is 4/14/17)

Please circle Youth t-shirt size: **Small** **Medium** **Large** **X-Large**

Company represented (*if walking or running as a group*): _____

WAIVER: In consideration of acceptance of this entry, I hereby, for myself and heirs, release and discharge Physicians Who Care, Gadsden, Alabama, Race sponsors and volunteers from all claims of injury suffered because of my participation in this event, I accept all risks including, but not limited to falls, contact with other entrants, effects of weather, traffic, and conditions of the road. I further state that I am in proper physical condition to participate.

_____ _____
Participant's Signature Date

_____ _____
Parent's Signature (if under 19) Date

GRAND PRIX SERIES
GADSDEN RUNNERS

Entry Fee: $25.00 ____Cash _____Check

___ARC Member ($2.00 discount) **___GRC Member ($2.00 discount)**

Make Checks Payable to: Physicians Who Care
One Commerce Square
Gadsden, AL 35901
256.547.3124

This Run/Walk affords Physicians Who Care the opportunity to support the Etowah County Cancer Foundation.