Buzzard Blast

5K Run/Walk, Fun Run, and Children's Dash

Saturday April 28, 2018
8:00 am start for 5K at the Jefferson Hospital Wellness Center – visit website www.buzzardblast.com
9:00 am start for children's races at the Wellness Center
Stay for the Buzzard Blast Festival at Helen Clark Memorial Park

5K, Fun Run, and Children's Dash Registration: All applicants who register **before April 16th** will receive a race t-shirt. Applications received after this date will still be accepted until day of race, but we cannot guarantee you will receive a t-shirt**. Awards will be given to age group winners.**

Check in and Registration: Registration on the day of the event will begin at 7:00 am for the 5K and 8:00 am for the children's races at Jefferson Hospital. To view the race map visit our website.
Information: Contact Jessica Guy at 478-625-7000 ext 200

Complete the following:

Mail to: Jefferson Hospital, Buzzard Blast Run, Attn: Administration, 1067 Peachtree St, Louisville, GA 30434. Please include $20 fee or $5 fee. **You must pre-register before Apr 17th to receive a t-shirt. Make checks to: Jefferson Hospital Foundation.**

Name _____
Address_____
City_____ State_____ Zip _____
Telephone_____
Email Address_____
Sex (circle one) **M F** Date of Birth_____ Age on Race Day _____
T-Shirt Size (circle one) Adult: S M L XL XXL Child: S M L
Entry Fees:

- **5 K Run…….$20**
- **Fun Run Quarter Mile (age 6 – 8)……...$5**
- **Fun Run Half Mile (age 9 – 12)……...$5**
- **Children's Dash (age 2 – 5)…….....$5**

Waiver

I know that participating in this race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete it safely. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and conditions of the paths and roads, all such risks being known and appreciated by me. Having read this waiver, I, for myself and anyone entitled to act on my behalf, waive and release the Jefferson Hospital, its officers and agents, the City of Louisville, the County of Jefferson, the State of Georgia, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence on the part of the persons named in this waiver.

_____
Signature of Participant Date

_____
Parent's Signature, if under age 18 Date