

# 2008

DOUGHERTY COUNTY  MEDICAL SOCIETY



## RIVERFRONT RUN 5K RUN & 1 MILE WALK

# RiverFront Run October 4, 2008

Proceeds Benefit Rails to Trails

**Time:** 5K Run starts at 8:30 A.M. –  
1 Mile Walk starts at 9:15 A.M.

**Location:** Albany Welcome Center  
112 N. Front Street, Downtown Albany, Georgia

For More info and Online  
Registration Visit  
[www.RiverFrontRun.com](http://www.RiverFrontRun.com)



**5K Run Awards:** Overall male/female winners, masters male/female winners, and the top three men/women in the following age divisions: 9 & under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 74-79, 80+.

**Entry:** *Adults:* Pre registration postmarked by Sept 27, 2008 - \$20.00 / After Sept 27, 2008 - \$23 / Race Day - \$25  
*Children (under 12):* Pre registration postmarked by Sept 27, 2008 - \$15.00 / After Sept 27, 2008 - \$18 / Race Day - \$20

**Amenities:** All Registrants will receive an official RiverFront Run T-Shirt (guaranteed to pre-registered participants). Live bands at the start and finish and on the course; water stations, goodie bags, post-race treats, door prizes and expo!

**Packet Pickup** 3-6 PM at the Albany Welcome Center (112 N Front St) on Friday, Oct. 3<sup>rd</sup> and on race day from 6:30 - 8:00 AM

**Race Day Registration** will be held at the Albany Welcome Center (112 N Front St) - 6:30 A.M. until 8:00 A.M.

Please Complete Entry Form Below – Call 229-436-8191 or email [info@riverfrontrun.com](mailto:info@riverfrontrun.com) for more info  
Attach Payment Payable to the DCMS – PO Box 1828 Albany, GA 31702-1828

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*Please PRINT NEATLY and fill out completely (entries without age and gender will not be eligible for age group awards.)*

**Race:** 5K : \_\_\_\_\_ 1 Mile Walk: \_\_\_\_\_



Name: \_\_\_\_\_ Age on race date: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: (mm/dd/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ (Please write legibly!)

**T-Shirt Size:** (check one) ADULT: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ **Georgia Grand Prix Participant:** (yes) \_\_\_\_\_ (no) \_\_\_\_\_

**Race Registration:** Child \$ \_\_\_\_\_ Adult \$ \_\_\_\_\_ **Total Amount Paid:** \$ \_\_\_\_\_ (check one) Cash \_\_\_ Check \_\_\_

**Waiver Must Be Read and Signed Before Mailing.**

"In consideration of this entry being accepted, I hereby for myself, heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against Dougherty County Medical Society, Inc., race officials, and all sponsors, of all claims or liabilities of any kind arising out of my participation in this event or while traveling to and from. I allow any photographs or materials from this event to be used to publicize this or future RiverFront Run Events"

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent's Signature if Under 18)