

ADVANCE REGISTRATION FORM-



JOIN US ON THE "ATLANTIC GREEN"
@ Atlantic Station in Atlanta, GA

22nd Annual Race For Research
Saturday, Sept 25, 2021
7:30am Start

5K, 1K, Tot Trot benefitting brain
cancer research
Rain or shine event

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Email: _____

Gender Male Female Age _____

Team Name If applicable _____

SELECT AN EVENT - PRICING BELOW GOOD THROUGH 9.19.2021

5K Race Timed: \$40.00 5K Untimed: \$35 1K Untimed: \$35

Tot-Trot (6 and under) Shirt Size _____ (Adult S-2XL & Youth S-XL)

Make checks payable to: Southeastern Brain Tumor Foundation and mail to 5400 Glendridge Drive, #422471, Atlanta, GA 30342. Must be received by 9.21.2021 or on-site fees could apply. One form per individual registrant.

The Southeastern Brain Tumor Foundation is recognized as a 501(c)(3) not-for-profit organization and a public charity. More info at www.sbtbf.org

Registration Fee Enclosed: _____ Additional Donation: _____

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the Southeastern Brain Tumor Foundation, Inc., officials, volunteers, and/or sponsors of the Southeastern Brain Tumor Foundation Race for Research ("Event") for any injury or illness which may directly or indirectly result from my participation in the Event. I am aware that walking/running/participating in any other manner on a road is a potentially hazardous activity, and I am voluntarily participating in the Event with such knowledge. I assume all risk associated with participation in the Event, including but not limited to weather effects, falls, participant contacts and dehydration. I further state that I am in proper physical condition to participate in the Event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable. I hereby give full permission to use my name and any photographs, videotapes, or other recordings of me for any account of the Event without compensation. If I am registering a minor for participation in the Event, my signature on this waiver is on behalf of such minor participant in my capacity as the minor participant's natural or legal guardian.

I Agree _____ If under 18 years of age, must be signed by parent or guardian

Join the fight
against brain
tumors and brain
cancer

Show your
support and help
raise funds for
brain tumor
research

700,000+ people
in the US are
Living with a
primary brain
tumor

Prices increase
at midnight on
9.19.2021

VISIT
Sbtfrfr.com for
additional race
info

