



Well Connected Communities Health Coalition Health Hustle



UNIVERSITY OF
GEORGIA
EXTENSION
WASHINGTON COUNTY

Saturday, May 14, 2022
158 West Haynes St. Sandersville, GA 31082

5K Health Hustle

Adults/ Students
Kids (Pre-K & Younger)

Pre-Race (5.5.22) Race Day

\$35.00 \$40.00
Free Free

1 Mile Fruit Fun Run

Adults
Students (K-12th grade)
Kids (Pre-K & Younger)

Pre-Race (5.5.22) Race Day

\$10.00 \$15.00
\$ 5.00 \$ 5.00
Free Free

Phantom runner/ t-shirt only - \$10.00 (S-XL) 13.00 (2XL/3XL)
T-shirt guaranteed with all pre-registrations entrance before April 29, 2022.
Age groups: under 9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55+

5K START TIME—8:00 AM

- * Overall male & female runners—
- Acknowledgement/ photo
- * Top 3 in each age group—
- Acknowledgement/photo

Register:

Mail form with payment to
UGA Washington County
Extension PO Box 310, 158 West
Haynes St., Sandersville GA
31082

1 Mile Fruit Fun Run - 8:00 AM

Bicycles & Strollers are welcomed

Dr. Goodman from East GA College will be official time keeper

DJ CK will be pumping up the jam all morning!!

- Make checks payable to: UGA Washington County Extension

***** Please arrive at least 30 minutes prior to race to pick up your pack**

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

5K: _____ 1 Mile: _____

Race (Please check) 5K _____

Gender: Male _____ Female _____ DOB ___/___/___ Age on Race Day _____

Adult S—Adult M—Adult L—Adult XL—Adult XXL (add \$2.00)- Adult XXL (add \$3.00)

We thank everyone for your support. All proceeds will go to support The Washington County Youth Summit promoting Mental Health

RACE DAY REGISTRATION BEGINS AT 7:30am
5 min. stretch/warm up with Virginia Pittman, Consolidated Fitness

PRINTED NAME _____ AGE: _____



READ CAREFULLY BEFORE SIGNING

I hereby acknowledge my awareness that my participation in the Well-Connected Communities Health Coalition Health Hustle may expose me to risk of property damage and bodily or personal injury, including injury that may prove fatal. Examples of the risks that I may be exposed to during the exercise portion of the program include inclement weather, falls and scrapes, hypoglycemia, foot injuries, heart attack, and automobile accidents, as well as other risks that may not be foreseeable. I hereby assume any and all such risks.

For the sole consideration of The University of Georgia's allowing me to participate in the program, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any personal injury, property damage, or the consequences thereof resulting from or in any way connected with my participation in the program.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board or its members, officers, agents, and employees.

I certify that I am at least 18 years of age and that I have read and understand the above.

Signature: _____ Date: _____

Parent/Guardian Signature (If under 18 years of age) _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____

EMAIL: _____

extension.uga.edu

AGRICULTURE AND NATURAL RESOURCES FAMILY AND CONSUMER SCIENCES 4-H YOUTH

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