

# THE TERMINATOR 5K

SATURDAY, APRIL 20, 2019

Sandersville, GA

5K Road Race – 9:00 AM

1 Mile Walk – 9:15 AM

## ABOUT THIS RACE:

Join us for the inaugural Terminator 5K and 1 Mile Walk to *terminate* brain cancer. All proceeds from this event will be donated to The Preston Robert Tisch Brain Tumor Center at Duke University Medical Center to further their research on the treatment and cure for brain cancer.

Runners and walkers of all ages and abilities are welcome. Race will start and finish at Brentwood School – 725 Linton Road, Sandersville, GA 31082.

## RACE REGISTRATION:

5K: [ \$30 through 03/29/19 (t-shirt included)  
\$35 from 03/30/19 until race day (t-shirt not guaranteed)

1 MILE WALK: [ \$20 through 03/29/19 (t-shirt included)  
\$25 from 03/30/19 until race day (t-shirt not guaranteed)

- Please arrive 30 minutes prior to race time.
- Mail registration form and check payable to: The Terminator 511 Lee Street, Sandersville, GA 31082.
- Contact: Pam Stewart (478-232-9761) / Trey Stewart (478-232-5328) / TheTerminator5K@gmail.com

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## REGISTRATION FORM

One participant per form.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GENDER: M F T-SHIRT SIZE (PLEASE CIRCLE): ADULT CHILD S M L XL XXL(+\$2)

RACE CHOICE (select one):

5K  One Mile Walk  Phantom Runner (t-shirt only \$15)

I am not participating, but I would like to make a donation in the amount of \$ \_\_\_\_\_

Amount Enclosed:  
\$ \_\_\_\_\_

**Waiver:** In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, and sponsors and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace/walk, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age)