

DENTAL DASH 5K at DAWN

Dental Dash at Dawn is a 5K Run/Walk benefiting the DDD Foundation's programs providing accessible and comprehensive dental treatment to patients with developmental disabilities.

Certified Course & Peachtree Road Race Qualifier!



Join our Facebook event for weekly updates and last minute information! <https://www.facebook.com/events/180269235758004/>

Saturday, March 4, 2017 8:00 am

Address: Historic Fourth Ward Park 680 Dallas Street, Atlanta, GA 30308

Packet pick up: Date TBD, at Big Peach Running Co Midtown store

Awards: Cash award for overall male & female; awards for age categories (top 3 for each), top 3 teams

Shirts: All participants will receive a shirt. **Sizes guaranteed only for early registrants (before 2/18/17).**

Fees: \$25 until 11:59 p.m. Tuesday, February 28. After February 28 and Race Day registration \$30

Registration: <http://www.active.com/atlanta-ga/running/distance-running-races/dental-dash-at-dawn-5k-2017>

OR Mail in this form postmarked by 2/20/16 to Orion Racing 825 Jamerson Road Suite 523 Marietta, GA 30066

Please make checks payable to DDD Foundation, Inc.

Visit our website for more information: www.dddfoundation.org

Please Print Legibly

First Name: _____ Last Name: _____ Age (race day): _____

Team Name (Optional): _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _(____) _____ [] Male [] Female T-Shirt (Adult Sizes) S M L XL XXL

Email address (for last minute details, parking info): _____

Waiver and release of liability: I affirm that I am physically fit for this race and I assume all risks associated with my participation in this event, including, but not limited to, the effects of weather, traffic, course conditions and course surfaces, falls, and contacts with other runners, spectators or volunteers. In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors, and assigns, all claims of any nature arising from my participation in the Dental Dash at Dawn 5K, and do hereby release the race committee, all sponsors, workers, officials, volunteers, the City of Atlanta from any claim whatsoever arising from my participation in the event. I agree to abide by the rules for participation and acknowledge that the race committee may return my entry at its discretion. I understand the risks for this race and have trained adequately to prepare for this event. I consent to the use of photographs of me in the event for any legitimate purpose, including publicity. I realize that there is no refund and, in the event of inclement weather, my entry fee will be a donation to the charities associated with this race. For safety considerations, please no roller blades.

Signature: _____ Date: _____

Parent's signature (if entrant under 18): _____

In case of emergency – Contact: _____ Phone: _____

Medical conditions: _____