

# 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.



**Saturday, March 3, 2018 8:00 am**

**Fourth Ward Park 680 Dallas Street, Atlanta, GA 30308**

\$250 cash award for overall male & female!

Gold Tooth trophies for top 3 males/females in each age category and top 3 teams

Music! Food! Supervised Child Care! All participants will receive a shirt.

**Fees:** \$25 until 11:59 p.m. Tuesday, February 27. After February 27 and Race Day Registration \$30

**Online Registration: [www.dentaldash.org](http://www.dentaldash.org)**

OR Mail in this form postmarked by 2/17/18 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](http://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: \_\_\_\_\_