



## Aaron Blake Reynolds Memorial Run 10k / 5k and One Mile



**Saturday, November 14, 2009**  
**Fun Run – 8:00 AM • 5K Race – 8:30 AM**  
**10K Race - 9:00 AM**

**Where:** Hardaway High School · 2901 College Dr · Columbus, GA 31906

**Why:** To raise money for the Aaron Blake Reynolds Memorial Wrestling Room.

**Cost:**

**10K** Before Nov. 1 - \$20.00. After Nov. 1 - \$25.00 for 10K entries. (\$20.00 for students 18 and under).

**5K** Before Nov. 1 - \$15.00. After Nov. 1 - \$20.00 for 5K entries. (\$15.00 for students 18 and under)

**1 Mile** Before Nov. 1 - \$10.00. After Nov. 1 - \$15.00 for 1 Mile entries. (\$10.00 for students 18 and under)

All runners will receive free technical shirts. Shirts are not guaranteed on race day without early registration.  
All runners will be treated to food and drinks.

**Awards:**

**10K** First Male and Female Overall and first place Masters (40+) Male and Female runners will receive plaques.  
First, second, and third place age group winners will receive plaques. Awards will be given in 5 year increments.

**5K** First Male and Female Overall and first place Masters (40+) Male and Female runners will receive trophies.  
First, second, and third place age group winners will receive trophies. Awards will be given in 5 year increments.

**1 Mile** Medals for 1st, 2nd and 3rd place boy and girl in 4 age groups (0-9,10-14,15-19 and 20 and up.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Technical Shirt Size (Circle) X Large Large Medium Small • Children's X Large Large Medium Small

**Waiver /Release Statement:**

In consideration of acceptance of this entry, I hereby, for myself, heirs, my executors and administrators waive any and all rights and claims for illness, injuries, or damages I may have against MCSD, The Columbus Track Club, the Road Runners Club of America, and its officers, directors and members, volunteers, employees, agents, sponsors, or race director. None of the above is responsible for loss of personal items, nor any form of aggravation in connection with said event. I fully understand that my participation is a completely voluntary undertaking of my own choosing and I fully understand that in doing so I assume full responsibility for all damages or injuries incurred by me in connection with this event. I give my permission for the free use of my name or photograph in any broadcast or print account of this event. I am in proper physical condition to participate in this event. I certify that I have carefully read this release and know the contents.

Signature: \_\_\_\_\_

Signature of parent or guardian if under 18 years old: \_\_\_\_\_

Mail your completed and signed entry form to:

Lynne Williamson  
124 Autumn Trail Way  
Waverly Hall, GA 31831  
[lynnew67@yahoo.com](mailto:lynnew67@yahoo.com)

Make checks payable to the **A.B.R. Memorial Fund**