



Date: November 9, 2019

Location: Warner Robins Middle School

425 Mary Lane

Warner Robins, GA 31088

AWARDS

TOP 3 FINISHERS IN THE FOLLOWING CATEGORIES:

5 & UNDER, 6-10, 11-14, 15-19, 20-29,
30-39, 40 AND OVER

Volunteers must complete background check by October 7th.
Forms are located at:

1. <http://wrms.hcbe.net>
2. Email forms to candace.gibson@hcbe.net or bring form to Warner Robins Middle School

Race Contact: Coach Gibson at: candace.gibson@hcbe.net

REGISTRATION

Deadline to Register: November 9, 2019

\$25 5K with T-Shirt

\$15 5K without T-Shirt

\$10 NO shirt FUN RUN

\$15 T-Shirt Only Phantom Runners (Donation)

Drive up Race Packet Pick-up: November 8th 3:15pm-6pm

Race Day Packet Pick-up: 7:00 am-7:40 am

Race Packet Pick-up Location: Gate on Busa Road (Race Start Location) WRMS

Registration after November 2nd is not guaranteed a t-shirt

Registration with money order can be mailed. Cash can be brought to:

WRMS 5K Race

425 Mary Lane

Warner Robins, GA 31088

DONATIONS CAN BE SENT TO WRMS

Schools should give registration forms and money to PE teacher. PE teachers will send money in the Pony to Candace Gibson at WRMS no later than October 25th

Official Entry Form

First Name _____ Last Name _____ Age on race day _____

Gender: Male Female Email: _____ Phone Number _____

Address _____ City: _____ State: _____ Zip: _____

Check One: 5K Run/Walk 5K without T-Shirt Fun Run/Walk T-Shirt Only

T-Shirt Size: Adult Youth S M L XL 2XL 3XL

Waiver: With my entry in the WRMS 5K and Fun Run, I hereby release and discharge all participating Houston County schools and Warner Robins Middle School, their organizations, and Houston County Board of Education employees, agents and volunteers from all liability, claims and demands, including injury, loss or damage, that arise from my attendance at or participation in WRMS 5K and Fun Run, or that of the minor I have registered, regardless of who is at fault. I verify that I have full knowledge of the risks involved in this event and assume full responsibility for personal injury to myself and my registered family member(s). I consent to the participation of the registered minor, of which I have full legal authority and/or custody. In the event of an injury to myself or a member of my family, I give the permission to arrange for and authorize necessary medical treatment for which I will be financially responsible. I also give my permission to use my (and registered minors') likeness in photos or videos for any publication.

Print Name _____ Signature _____ Date _____

Parent Signature (If entrant under 18) _____ Date _____

School and Homeroom Teacher/Organization _____