



REGISTRATION BEGINS AT 8:00AM

SAT. November 2, 2013 9:00AM – 10:00AM

www.ryancameron.org

The Gallery at South DeKalb Parking Lot

FREE EVENT

Course: The course begins and ends at The Gallery at South DeKalb in the parking lot adjacent to SunTrust Bank (look for the RCF tent). Participants will proceed around the perimeter of the mall parking lot.

Directions & Parking: From I-20 take the Candler Rd (Exit 65). Continue one block south on Candler Rd. Parking is near the main entrance to the mall.

For additional information: Please contact Monique Murray at (404)784-1171 or rcfoundation@bellsouth.net.

SPONSORED BY



The Gallery at

SOUTH DEKALB®

Return this form to RCF or you can register the day of the walk/run.

RYAN CAMERON FOUNDATION
P. O. Box 550469 | Atlanta, GA 30355
(404)784-1171 (O) | (404)393-9283 (F)
rcfoundation@bellsouth.net

Last name First name

Address

City State Zip

Phone Age Sex

Email

I regretfully cannot attend the RCF Walk & Fun Run, however, please accept this donation of \$___ in my absence. Your donation checks can be made payable to Ryan Cameron Foundation, Inc.



LIABILITY WAIVER:

The Walk & Fun Run will be held rain or shine. Race directors so reserve the right to limit participation or make other decisions for the safety of all participants. All net proceeds will go to Ryan Cameron Foundation. Photocopied forms may be used for registration.

Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release Ryan Cameron Foundation, Gallery at South DeKalb, the race organizers, and all sponsors and donors of the Ryan Cameron Foundation Health Walk & Fun Run from any and all liability arising from illness, injury or death I may suffer as a result of my participation in this event. I attest that I am physically fit and have sufficiently trained for this event and am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of this event would be injurious to my health, I consent to be removed and treated by the medical personnel in attendance or their direction. I give permission for free use of my name and picture in any broadcast, telecast, or written account of this event.

Signature: Date:

Signature of Parent/Guardian (17 & below): Date: