



Farm Tour 5K/10K

Saturday, August 3, 2013

8AM at Model High School



Pre-Register Online: farmtour5k.com or active.com

How to Register Race Day:

In-Person: Fill out & deliver or mail to:
 Floyd County Farm Bureau
 725 East 2nd Avenue
 Rome, GA 30161

Bring your entry form to the registration booth at Model's football stadium.
 Race Day Registration will be open from 6:30 AM – 7:30 AM.
**Race day registrants are not guaranteed a T-shirt as pre-orders are limited.*

Registration Cost: 10K - \$30
 5K - \$25
 1 Mile Walk - \$15

Current Farm Bureau Member Cost: 10K - \$20
 5K - \$15
 Walk - \$15

Member Number: _____

Printable Form

Circle One: 10K 5K 1 Mile Walk

Individual Registration:

First name: _____ Last Name: _____
 Gender: **M** **F** Age: _____ Birthdate: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ email: _____
 Emergency Contact: _____ Phone: _____

***T-Shirt Size:** Youth Med Youth Lg Adult Sm
 Adult Med Adult Lg Adult XL Adult XXL

**Register by 12PM on July 29th to be guaranteed a race T-shirt.*

General Release:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Floyd County Farm Bureau, its Officers, Agents, Trustees, Volunteers, Staff, and all Sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Registration information is shared with Harbin Clinic Sports Health Foundation for the purpose of informing participants of upcoming local races. By signing below, you understand, agree, warrant and covenant as follows: I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any publicity purpose, without compensation. No refunds. Race will be held rain or shine. Bicycles, skateboards, rollerskates or in-line skates, and other wheeled conveyances, and animals are not permitted in race due to insurance considerations. I certify that I am 18 years of age or older, or that I am the Parent/Guardian of the entrant and am granting permission for him/her to participate.

Signature _____
 Or Parent/Guardian Signature _____
 Date _____