

**Outpace Parkinson’s 5K   
In-Person and Virtual**

**Saturday, April 6, 2024**

**Sandy Creek Park**

**400 Bob Holman Road, Athens, GA**

**Make the most of your miles in the race to cure Parkinson's by becoming a Team Fox Athlete! Come run with us and make your miles count towards a cure for Parkinson’s!**

***Race Day Registration begins at 7:00am ~ 1 Mile Walk @ 8:00am ~ 5K @ 8:30  
All times are Eastern Daylight Time***

**Registration:** Complete the registration form, one form per person.  
Fee:$25 per person, postmarked by March 18th .   
Late registration / race day fee is $30. Late registration begins March 19th and continues through race day.

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Description automatically generatedPayment accepted by check made out to *Outpace Parkinson’s* or Venmo: *@Outpace***Online registration** available at <https://runsignup.com/outpaceparkinsons> . Online registration closes at Midnight April 3rd .

**T-shirts:** Available for pre-registered runners and as available after March 22nd and on race day.

***T-shirts are not guaranteed to late registrants.***



**Parking:** Plenty of parking spaces are available at SCP.

**5K Awards:** Awards will be presented to Overall Male/Female, Masters Male/Female, Grandmasters Male/Female and first, second and third place in 10-year age groups beginning with 10 and under and going through 80 and over.

**Virtual:** Run your 3.1 miles anywhere. Virtual runners are not eligible for race day awards.   
Submit finish time by 12 Noon EDT on April 6th to <https://runsignup.com/outpaceparkinsons/results> .

**For more information visit the local website:** pdathens.com **Local e-mail:** Jack Armistead: [jackprof@icloud.com](mailto:jackprof@icloud.com) or Carole Black, [classicraceservices@gmail.com](mailto:classicraceservices@gmail.com)

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Logo, company name

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*Paper registration form for Outpace Parkinson’s*

Please complete one form per person

**Make checks payable to Outpace Parkinson’s, mail entry to:**

**\_\_\_\_\_\_ In Person**

**\_\_\_\_\_\_ Virtual**

Outpace Parkinson’s 5K Run/Walk

###### C/o Classic Race Services

1860 Barnett Shoals Road, Suite 103-498

Athens, GA 30605

**LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHIRT SIZE: (circle one)** S M L XL XXL \_\_\_\_\_\_\_ 5K \_\_\_\_\_\_\_ 1-Mile Walk

**I cannot run / attend, but would like to make the following contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(t-shirt not included)**

**PAYMENT AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Check  **\_\_\_\_\_\_\_\_\_\_\_\_\_**Venmo *@Outpace*

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WAIVER: In consideration of acceptance of this entry, I waive all claims for myself and my heirs against the officials and sponsors and benefiting parties of the Outpace Parkinson’s 5K Run/Walk, for injury or illness which may result directly or indirectly from my participation. I further state that I am in proper condition to participate in this event.

**Signature of Participant or Parent’s signature if Participant is under 18 DATE**