



**Outpace Parkinson's 5K
In-Person and Virtual
Saturday, April 30, 2022
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

Registration: Complete the registration form, one form per person.

Fee: \$20 per person, postmarked by April 13th.

Late registration / race day fee is \$25. Late registration begins April 14th and continues through day of race.

Payment accepted by check made out to *Outpace Parkinson's* or Venmo: @Outpace

T-shirts: Available for pre-registered runners and as available after April 13th and on race day.

T-shirts are not guaranteed to late registrants.

Online registration available at RunSignup.com. Online registration closes at Midnight, April 27th.



Parking: Plenty of parking 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 70 and over.

Virtual: Run your 3.1 miles anywhere. Virtual runners are not eligible for race day awards.

Submit finish time by 12 Noon on 4/30 to <http://tiny.cc/22OutpaceParkinsonsTimes>

For more information and donations: <https://fundraise.michaeljfox.org/tf-2022/Outpace?tab=MyPage>

Local website: pdathens.com

Local e-mail: Jack Armistead: jackprof@icloud.com or Carole Black, classicraceservices@gmail.com

Thank you to our Major Sponsors



Jane and Jack Armistead
Chelsea and James Armistead





Paper registration form for Outpace Parkinson's

Please complete one form per person

Make checks payable to Outpace Parkinson's, mail entry to:

Outpace Parkinson's 5K Run/Walk
C/o Classic Race Services
1860 Barnett Shoals Road, Suite 103-498
Athens, GA 30605

<input type="checkbox"/> InPerson
<input type="checkbox"/> Virtual

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

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

