



Outpace Parkinson's 5K
In-Person and Virtual
Saturday, April 1, 2023
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 13th.

Late registration / race day fee is \$30. Late registration begins March 13th and continues through race day.

Payment 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, March 29th

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

T-shirts are not guaranteed to late registrants.



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 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 1st to <https://runsignup.com/outpaceparkinsons/results> .

For more information visit the local website: pdathens.com

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



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

Registration type selection box with options: In Person, 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 @Outpace

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

