



## NASPGHAN 5K REGISTRATION FORM

Race Date: Friday, October 24, 6:30 AM  
Centennial Olympic Park, Atlanta, GA

**Registration Deadline: October 1, 2014**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: XS SM MD LG XL XXL

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Liability Waiver: Upon acceptance of my entry, I, for myself my heirs and assigns, hereby release the City of Atlanta, NASPGHAN and the NASPGHAN Foundation, Racing Solutions, all sponsors and other entities involved with the production of this event 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 trained for this event and am aware that my participation could, in some circumstances, result in 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. Race will be held rain or shine. NO REFUNDS.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Entry Fee: \$20.00. All proceeds will go to the NASPGHAN Foundation.**

Payment Information: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Credit Card #: \_\_\_\_\_ Verification Code#: \_\_\_\_\_ Expiration: \_\_\_\_\_

- Make checks (drawn on a US bank in US funds) payable to NASPGHAN (Mail or Fax completed form to: NASPGHAN / PO Box 6 / Flourtown, PA 19031, Fax: 215-233-3918)
- Contact NASPGHAN National Office if further information is needed  
Phone: 215-233-0808 / Fax: 215-233-3918 / [naspgghan@naspgghan.org](mailto:naspgghan@naspgghan.org) / [www.naspgghan.org](http://www.naspgghan.org)
- NASPGHAN Foundation Federal Tax ID: 76-0585072