



ALL AMERICAN 5K



**Run/Walk/Phantom
To Benefit**



Lt. Dan Berschinski

Saturday, May 29th

8:00 a.m.

Sponsored by Peachtree City Running Club

Place: Frederick Brown Amphitheater, Peachtree City, GA

Information: Go to our website at www.ptcrc.com.

Check out Dan's progress at www.danberschinski.blogspot.com.

Please join us in supporting Lt. Dan Berschinski by running, walking, or being a Phantom Runner by donating \$25 or more to the **Dan Berschinski Fund**. All entrants receive a tee shirt for their participation. All shirts must be picked up race morning by 8:00 a.m. Awards go to overall M/F finishers and top three M/F in each age group. Packet pickup begins at 6:30 a.m.

Please make checks payable to the **Dan Berschinski Fund**. Tear off bottom portion, fill out, and mail along with your check to: Peachtree City Running Club, P.O. Box 2377, Peachtree City, GA 30269.

Questions: Call Carolyn at 770-487-5934 or email gulick4@gmail.com.

RACE REGISTRATION (Please print clearly with a ball-point pen. One application per entrant please.)

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ (PHONE) _____

EMAIL _____ M/F _____ AGE _____ BIRTHDATE ____/____/____

SHIRT SIZE: (Not guaranteed. No shirts will be mailed.) XS S M L XL

DONATIONS: \$25.00 5K Run/Walk Participant Phantom Runner (I do not want to run or walk.)

Additional Donation Enclosed: \$ _____ Total Donation \$ _____ (Checks to Dan Berschinski Fund)

RELEASE AND WAIVER (No application will be accepted without a signed waiver.)

Waiver: I know that running in a road race is a potentially hazardous activity that could cause injury or death. By my signature, I certify that I am medically able to perform this event and am properly trained. In consideration of this entry, I waive any and all claims for myself and my heirs against Peachtree City Running Club, City of Peachtree City, race officials, sponsors, volunteers of All American 5K, and Dan Berschinski Fund for injury or illness which may result directly or indirectly from my participation in this event. I assume all risks associated with this event, including but not limited to, weather, traffic, road and path conditions, tunnels, all such risks being known and appreciated by me. I also give permission for the use of my name and/or picture in any account of this event. No headphones, strollers, baby joggers, pets, inline skates, skateboards, or bicycles allowed on the course. Due to safety concerns with the cart paths, no motorized vehicles/wheelchairs will be allowed on the course.

SIGNATURE: _____ DATE: ____/____/____

(Parent signature is required if entrant is under 18.)