



RUN WITH THE DOGS

FROSTBITE 5K, SAT. JAN. 9, 2010



A CHILLY 9AM RUN THROUGH THE CITY OF DECATUR WITH DECATUR BULLDOG SUPPORTERS AND THEIR FOUR-LEGGED FRIENDS.

The 5k run begins at 9:00 am, rain or shine. Registration will take place in front of Decatur High School beginning at 8:00 am..

Decatur High School, Renfroe Middle School, Glennwood Academy and City of Decatur elementary school students, parents, alumni, friends, neighbors and runners of all levels are invited to participate. Runners are invited to run with their dogs in a special group.

All proceeds will be used by the Decatur Bulldog Boosters to help fund the sports programs at Decatur High School and Renfroe Middle School.

The race will begin and end in front of Decatur High School on North McDonough Street in Decatur. Parking is available in the upper parking lot off Howard Avenue.

AGE GROUPS: 11 & under, 12-14, 15-19, 20-29, 30-39, 40-49, 50-59 & over 60

AWARDS: to overall 1st & 2nd place male and female runners, Masters 1st & 2nd place male and female runners and top three male and female finishers in each category. All participants will receive a 100% cotton long-sleeved T-shirt. Dogs participating will receive a special prize.

COURSE: The race will begin and end on North McDonough Street in front of Decatur High School and will run through City of Decatur residential areas. The course will be well marked and supervised by volunteers and the City of Decatur Police Department. Water stations will be positioned along the course and splits will be given at mile points. Refreshments will be available at the finish.

ENTRY FEE: **Individuals:** \$20 if received by 12/26 \$25 late or day of race **City of Decatur Students and Teachers:** \$15 if received by 12/26 \$20 if late or day of race

CONTACT: Ed Williams 404-327-7728 or roadraceservices@comcast.net, register online at www.active.com

REGISTRATION FORM

(please print—form may be copied, one form per runner, please)

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Email _____

City of Decatur Schools student/teacher: Yes No **T-Shirt size (circle size):** Youth S M L Adult S M L XL

Enclosed is my registration fee of \$ _____ Additional donation \$ _____

Make checks payable to DBABC and mail to: DBABC, P. O. Box 3241, Decatur, GA 30031-3241

Waiver: I know that running a road race is a potentially hazardous activity. I am in proper physical condition to complete this run/walk and assume all risks associated with my participation including, but not limited to, falls, contact with other participants, and the effects of the weather, including high heat and/or humidity, traffic, conditions of the road, all such risks being known and appreciated by me. I will not wear headsets or any device that restricts my hearing or other perception. In consideration of this entry, for myself and anyone entitled to act on my behalf, I waive and release all race officials, volunteers, sponsors, and any others associated with this event. Furthermore, I hereby grant the agents of this event permission to use photographs, videotapes, motion pictures, recordings or any other record of me in this event for legitimate purposes.

Signature _____ Parent/Guardian (if under 18) _____