

# HEROES | 6K

in RECOVERY

July 22, 2017

Atlanta, GA

8:00 A.M. Race Start

**Location:** Brook Run Park  
4770 Georgia Way S  
Atlanta, GA 30338

**Schedule/Awards:** 7:00 a.m. on-site registration opens  
8:00 a.m. Run/Walk Begins  
9:00 a.m. Awards Presentation

**\*\*For more race info, go to [www.Heroes6K.com](http://www.Heroes6K.com) \*\***

**Cash awards presented to top 4 Male/Female in Overall and Masters Overall  
Technical tank and finishers medal to all participants  
Additional prizes awarded to top 4 Male/Female age group finishers**



**Registration Fee:** \$ 25.00 through April 30, 2017  
\$ 30.00 through June 25, 2017  
\$ 35.00 through July 21, 2017  
\$ 40.00 Day of Race (July 22, 2017)  
\$ 25.00 Virtual Participant: run/walk anywhere

**Checks payable to Foundations Recovery Network  
Mail Application postmarked by July 7th, 2017:**  
Atlanta Heroes 6K  
c/o Foundations Recovery Network  
1000 Health Park Dr, Bldg 3, Ste 400  
Brentwood, TN 37027

**Course:** 6K (3.728 mile) certified course in Brook Run Park. Certification number on USATF GA15063WC. Personal chip timing provided.

\* \* \* \* \*

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age on Race Day:** \_\_\_\_\_

**Male:** \_\_\_ **Female:** \_\_\_ **T-Shirt Size (circle gender and size):** FEMALE MALE | S M L XL 2XL

**Emergency Contact:** \_\_\_\_\_ **Emergency contact phone #** \_\_\_\_\_

**Registration Type (circle one):** Race Day Participant or Virtual Participant **Amount Enclosed: \$** \_\_\_\_\_

**Waiver and Release: (every participant must sign to participate)**

I absolve, on behalf of myself and my heirs or assigns, all sponsors of this run and anyone involved in this run from any liability for any damages, injury, or illness suffered by me in connection with this run, either during this run or as a result of having voluntarily participated in it. If I should suffer injury or illness, I authorize officials to use their discretion to have me transported to a medical facility, and I assume full responsibility for this action, completely absolving the aforementioned sponsors and officials of any responsibility thereof. I hereby grant full permission to any of the foregoing to use my likeness or any other record of the event for legitimate purpose.

I hereby grant permission for the free use of my name and picture in broadcast, brochure, or account of this event.

\_\_\_\_\_  
Signature of registrant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's signature if under 18 years age