



**SATURDAY  
JUNE 27TH 2020  
PIEDMONT PARK  
ATLANTA GA  
8:00 AM EDT**



**LOVE  
THE  
RUN!**



course certified by  
**USA TRACK & FIELD**

**ONLINE REGISTRATION: [www.HBCUalumniAtlanta.org](http://www.HBCUalumniAtlanta.org)**

**REGISTRATION FEES**

2/13-4/29 \$25 \$30  
4/30-5/30 \$30 \$35  
5/31-6/14 \$35 \$40  
5K Virtual Runner

**KIDS RUN/WALK (12 and under)**

2/13 - 4/29 \$10  
4/30 - 5/14 \$15

*Following the race will be a Health Fair with free health screenings, Alumni Row, Raffles and Prizes from our Sponsors and a Scholarship Give-a-way!*

FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_ GENDER \_\_\_\_\_ M \_\_\_\_\_ F

\_\_\_\_\_ WALK OR \_\_\_\_\_ RUN T-SHIRT SIZE \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

eMAIL ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

COLLEGE / UNIVERSITY **ALBANY STATE UNIVERSITY**

TEAM NAME \_\_\_\_\_

REGISTRATION FEE \$ \_\_\_\_\_ PROMO CODE \_\_\_\_\_

\_\_\_\_\_ YES, I want to save time! Mail my Race Packet for \$10 \_\_\_\_\_ YES, I want to add an additional donation of \$ \_\_\_\_\_ **TOTAL PAID \$** \_\_\_\_\_

**NOTE: Separate entry form and signed waiver must be completed for each Registrant.**

**WAIVER:** I know that running and participating in training run programs are potentially hazardous activities. I should not run unless I am medically able, with consent from my physician, to properly prepare and participate in the 13th Annual Atlanta HBCU Alumni Alliance 2020 5K Run/Walk Road Race (hereinafter called "Road Race"). I assume all risk associated with running in the "Road Race" and in preparation for the "Road Race", including but not limited to falls, contact with other participants, the effect of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver, and knowing these facts, and in consideration of your accepting my entry to the "Road Race", I, for myself and anyone entitled to act on my behalf, waive and release the Atlanta HBCU Alumni Alliance, (AHBCUAA), all city, county, and state governments, and all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this road race/training program. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that all entries are final with no refunds. The official race director reserves the right in any event of emergency or local or national disaster to cancel the race or to change the day and or time to a later day and that in the event of cancellation or change there is no refund of entry fees. I agree to the above waivers and disclaimers.

Participant \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent of Participant under the age of 18 \_\_\_\_\_

**Make check payable to Atlanta HBCU Alumni Alliance and mail to: Orion Racing, 825 Jamerson Road, Suite 523 Marietta, GA, 30066**