

# A WOMEN'S PREGNANCY CENTER OF MARIANNA



**Saturday, October 20, 2018**

**7:15 a.m. - Sign in & Registration**

**8:00 a.m. - Run/Walk starts**

**At Citizen's Lodge**

**4577 Lodge Drive, Marianna, FL**

**Prizes & Awards**

**Overall Male + Female  
1st, 2nd, and 3rd place awards for the male and female winners in each age group  
Finishers ribbon for children participants**

**Age groups will be as follows:  
0-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+**

**Registration \$25**

**Each runner will receive a "RUN BABY RUN" T-shirt.**

**eighth annual**

**5K**

**RUN  
2018  
WALK**

**KID  
FUN**

**BALLOONS  
INFLATABLE SLIDE  
FACE PAINTING**

**Register  
NOW!**

**Mail Registration form  
4469A Clinton St.  
Marianna, FL 32446  
awpcMarianna@gmail.com  
850-526-4673**

**FOR MORE INFORMATION OR  
TO REGISTER ONLINE VISIT  
[www.awpcMarianna.com](http://www.awpcMarianna.com)  
[www.active.com](http://www.active.com)**

SCAN  
RUN BABY RUN  
QR Code




Name: \_\_\_\_\_ ( ) MALE ( ) FEMALE AGE: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ T-SHIRT SIZE: ( ) S ( ) M ( ) L ( ) XL ( ) XXL  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In consideration of acceptance of this entry, I for myself, my heirs, devisees, executors, administrators and assigns hereby waive, release and discharge any and all claims against the Race organizers, sponsoring or conducting this event, or their employees, representatives, or successors, for any and all damages or injuries I may suffer. If I should suffer such injury or illness, I authorize the officials of the Race to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I hereby grant permission for the use of my name and picture in any broadcast, brochure or account of this event.

Signed: \_\_\_\_\_

**A Women's Pregnancy Center  
of Marianna  
4469A Clinton Street  
Marianna, FL 32446**



**RUN  
*BABY*  
RUN**