

**1 MILE BRAVE
RUN/WALK STARTS AT
8:00AM**

**5K WARRIOR RUN
STARTS AT 8:30AM**

**IN LOVING MEMORY OF
COLLINS DIXON**



"May the work I have done speak for me"

LOCATION:



**1 MISSION POINT
CANTON, GA**



Collins lived fully while battling a rare and aggressive cancerous brain tumor. His faith, strength and courage inspired those who loved him and even those that didn't know him. Please join us in honoring his life while bringing awareness to a disease that is the 2nd largest cause of death in our precious children. Let's **FINISH STRONG!** for children battling Brain Tumors!

Cause: The proceeds will benefit the Bend Your Knees Foundation to provide support to families of a child with a brain tumor.

Course: The races will start and finish at the First Baptist Church of Canton. The course is an out and back run on paved streets.

Refreshments: There will be plenty of fluids and snacks provided after the race.

Awards: \$100 Cash Prize to Overall Male/Female Winners if they are adults (Cash will be given to Masters Winners if youth are overall). Awards given for Masters Male/Female and top three in age groups 10 and under through 75 and over.

Sponsorship: Contact Bob Dixon @ 404-271-1360 or BDixon@BendYourKnees.org for Sponsorship Opportunities!

Registration: 5K registration fees are \$25 per person before July 4th. \$35 per person after July 4th and on race day. 1 Mile registration fees are \$15 age 12 and under, \$20 age 13 and over before July 4th. \$25 for the 1 Mile after July 4th and on race day. Everyone who pre-registers is guaranteed a shirt. Shirts will be given while supplies last for race day registrants.

By mail—Completed registration form and check made payable to Bend Your Knees 5K can be mailed to: Collins Dixon Bend Your Knees Inc., 5K Race, 124 Timberland Dr., Canton GA 30114

Online at www.active.com. Search: 6th Annual Bend Your Knees 5K and Fun Run.

Volunteers Needed! Go to www.BendYourKnees.org for more information

Name: _____ Spirit Team: _____ (please print)

Address: _____ City _____ St _____ Zip _____

Email: _____ Phone: _____ Age: _____

DOB: ___/___/___ Gender: M / F (circle one) 5K Run ___ 1 Mile Fun Run/Walk ___

Youth Tee Shirt Size (circle one): YS YM YL YXL Adult Tee Shirt Size (circle one): S M L XL 2XL 3XL

Waiver: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials and sponsors of the Bend Your Knees Foundation, Bend Your Knees 5K, First Baptist Church of Canton for injury or illness, which may result directly or indirectly from my participation. I further affirm that I am in proper condition to participate in this event. I also give permission for my name, likeness and photograph to be used in this and future events.

Participant signature (under 18—parent's signature required)

Date: ___/___/___

