



Collins Dixon 1999 – 2012

2nd ANNUAL COLLINS DIXON BEND YOUR KNEES RUN

5K Raider Run starts at 8:00AM
1 Mile Brave Run/Walk starts at 8:45AM
Saturday, July 13, 2013

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!

First Baptist Church of Canton - 1 Mission Point, Canton GA 30114

Cause: The proceeds will benefit the Bend Your Knees Foundation and The Brain Tumor Foundation for Children.

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.

Awards: Awards will be presented to Overall Male/Female, Masters Male/Female, and top three in age groups 10 and under through 75 and over.

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

Registration: 5K registration fees are \$20 per person before July 1st. \$25 per person after July 1st and on race day. 1 Mile registration fees are \$10 for age 12 and under before July 1st. \$15 after July 1st and on race day. Everyone who pre-registers are guaranteed a shirt. Shirts will be given while supplies last for race day registrants.

- 1) 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
- 2) Online at www.active.com. Search: 2nd Annual Collins Dixon Bend Your Knees 5k and 1 Mile Brave Run/Walk.



Questions: For additional information, please contact Bob Dixon 404-271-1360 or Amy Turcotte at 770-380-1432. Check out the website at www.BendYourKnees.org. For Sponsorship opportunities or questions, please contact Amy 770-380-1432.

Name _____ (please print)

Address _____ City _____ ST _____ Zip _____

Email _____ Age _____ Gender (circle one) M F Birthdate ____/____/____

5k Run 1 Mile Brave Run/Walk Youth T-shirt size (please circle) Y-XS Y-S Y-M Y-L

Phone Number _____ T-shirt size (please circle) S M L XL XXL

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 _____

