2023 Golden Olympics

February 3, 2023 Cornhole Tournament & 5K 5:30 pm MC Football Field February 4, 2023 Track & Field 9:00 am MC Football Field

FREE REGISTRA	TION INFORMATION FREE
Name:	
Address:	
Phone:	Race: Gender:
50 Meter Run (Track)	Cornhole (Football Field)
100 Meter Run (Track)	5K Run/Walk (Football Field)
1500 Meter Walk (Track)	Stationary Bike Trial (Football Field)
4 by 100 Meter Relay (Track) Football Throw (Football Field)
Horseshoes (Football Field)	Frisbee Toss (Football Field)
Darts (Football Field)	Free Throw (Gym @ BOE)
3 Point Shot (Gym @ BOE)	Golf (Crooked Oak April 21, 2023)*
,	and you are required to register with the Chamber for these events
Participants must be	ents as you are able to participate! 50 and older and will compete within a 50-54, 55-59, 60-64, 65-69, etc.
•	eadline for t-shirt is Monday January 16, 2023. <i>De guaranteed after this date.</i>
	please wear your gold GO t-shirts.
Walk-ons are wel	come on February 3 & 4, 2023.

(circle size) S M L XL XXL XXXL

PHOTOGRAPHIC AND INFORMATION RELEASE FORM

I, the undersigned, voluntarily grant to Shape-Up Miller, 2023 Golden Olympic Games, & Spring Creek Health Collaborative, without pay, the permission to use photographs, videotape, audiotape, name and/or basic information about myself to illustrate its programs and services.

Signature ((Reauired)
eignatare ,	

Date

COVID-19 Health & Safety

Shape-Up Miller will take all necessary measures to ensure the safety of everyone. The following guidelines will be mandatory and in place to ensure we can come together as a community, support one another and remain safe.

- If you are not feeling well, stay home
- Mask are optional, wear as needed or preferred
- Practice social distancing as possible or needed
- Hand sanitizer will be available to participants / volunteers / community partners / guest

RELEASE & INDEMNICATION AGREEMENT

A. I understand I am enrolling in the Golden Olympics Games of my own accord. I further acknowledge that risks may be involved as with any physical activity event.

B. By signing this RELEASE AND INDEMNIVICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me to any related third party arising out of or in any way related to the exercise, whether or not caused by the act, omission, negligence, or other fault of Spring Creek Health Cooperative, its officers, its employees, its volunteers, or by any other cause.

C. By signing this RELEASE AND INDEMNIVICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me to any related third party arising out of or in any way related to the exercise, whether or not caused by the act, omission, negligence, or other fault of Shape-Up Miller, its officers, its employees, its volunteers, or by any other cause.

Signature (Required)

Date

Please return forms to sfreeman@springcreekhealth.com or mail to Sheila Freeman PO Box 357, Colquitt, GA 39837. You can pick-up and drop off forms at City Hall, Colquitt Animal Hospital, Chamber of Commerce or Café Lele's.





