



# Piedmont XC Challenge Running Events

September 28 | October 13 | October 26 ~ Athens, GA

**3 or more in the same division make a team.** Sign-up online or by mail at: [siriusathletics.org/register\\_piedmontxc.html](http://siriusathletics.org/register_piedmontxc.html) or [RunSignup.com](http://RunSignup.com) (search Piedmont).

**CHALLENGE YOURSELF!!** The Piedmont Cross Country Series is back and better than ever! Offering a unique running experience across fields and in the woods with the option to grab a couple of friends and put a team together. We're excited to announce our last race will be a part of the USATF Youth Development Series! So grab some friends, lace up your shoes and Let's RUN!

The top 3-runners on each team score with number 4 & 5 displacing. If this is Greek to you, check out the Cross Country A-Z section of our website:

<https://runsignup.com/Race/GA/Athens/PiedmontCrossCountrySeries2>

Top individual & teams will earn awards at each race. Feeling up to a challenge? Complete at least 2 of the races and go for the Grand Prix Championship-each division wins an award package

Early registration is open and the cost is only \$10/open runner and \$5/youth. No t-shirts but plenty of swag.

## Race Schedule | Contact: [siriusathletics@gmail.com](mailto:siriusathletics@gmail.com)

**September 28, 2019**  
**Piedmont Cross Country Race #1**  
**Athens Academy, Athens, GA**

8:30 am: Open Combined 3k  
9:00 am: 9-11 year old 3k  
9:30 am: 12-15 year old 3k  
10:00 am: U8 year old 2k

**SUNDAY, October 13, 2019**  
**Piedmont Cross Country Race #2**  
**Southeast Clarke Park, Athens, GA**

2:00 pm: Open Combined 3k  
2:30 pm: 9-11 year old 3k  
3:00 pm: 12-15 year old 3k  
3:30 pm: U8 year old 2k

**October 26, 2019**  
**Piedmont Cross Country Race #3\***  
**North Oconee HS, Bogart, GA**

8:30 am: Open Combined 3k  
9:00 am: Youth Races Begin-Schedule TBA  
**\*\*USATF Meet: Must Register through Athletic.net**





# Piedmont XC Running Team Registration

Adult Entry Fees: \$10/person. Youth Entry Fees: \$5/person.  
 \$3/per person fee increase after 10 days prior to event.

Race as an individual or race with team. Teams with 3 or more runners are eligible for the team competition. There is no limit on the number of people per team and it is ok to divide into smaller teams of 3 or more (Team Name A, Team Name B etc.)

Participant Name	Team Name (if applicable)	Gender	Age on 12/31/19	email address

**Check Race(s)  
 Registering for**

- September 28, 2019**  
Athens Academy, Athens, GA
- SUNDAY, October 13, 2019**  
Southeast Clarke Park, Athens, GA
- Saturday, October 26, 2019**  
North Oconee HS, Bogart, GA/USATF Meet\*  
\*Must register through Athletic.net

**PAYMENT OPTIONS:**

Venmo ID: Rachel-Hopkins-20

Mail Form and Check to:  
 Sirius Athletics  
 180 Best Dr.  
 Athens, GA 30606

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including. I agree to abide by all decisions of any race official relative to my ability to safely complete the run.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

**Participant or Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_