

# March 2011 Bill Insert



**RACE FOR  
Riley**

## Join the race and help special needs children on April 30

Meet Riley. The day after she turned 2, this little girl was diagnosed with Mitochondrial Disease. Because of this, her development is limited, her muscles are weak and she isn't able to speak. But she can smile.

There is no cure for Riley and other children like her. Her problems are caused by defective mitochondria—the parts of our cells that generate energy. The average life expectancy of a child with this disease is late childhood or early adulthood. Riley is nine now, and copes with her disabilities with the help of a special needs school, **The Joseph Sams School**. This school allows Riley to become more independent and learn lifelong skills. The school is dedicated to the education and life skills development of children who are intellectually, physically or developmentally challenged. Help the Joseph Sams School to give special needs children more productive lives. Join Riley on Saturday, April 30, 2011, to Race for Riley at **SERENBE** in south Fulton.



**Meet  
Riley**

Age: 9  
Fav color: Pink  
Dream: To grow up with a cure

### Registration form

Saturday, April 30, 2011  
5K Run/Walk - 8:30 a.m. | Bike Ride - 9:00 a.m.  
1 Mile Run - 9:15 a.m. | Tot Trot - 9:30 a.m.  
Check one of the following: RUN:  5K  1 Mile  Tot Trot  
BIKE RIDE:  10 mile  30 mile  60 mile  
Entrée fees: Run - \$20 by 4/23/11, \$25 after 4/23/11 and on race day. Ride - \$25 by 4/23/11, \$30 after 4/23/11 and on race day. Both - \$40 by 4/23/11, \$50 after 4/23/11 and on race day. Phantom - \$25 (I can't be there, but I support the cause; please mail my shirt.)  
Please make checks payable to: **The Joseph Sams School**.

Name: \_\_\_\_\_  
Age (on race day): \_\_\_\_\_ Sex:  Male  Female  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

T-shirt Size (check one)  
 XS  YM  S  
 M  L  XL



**WAIVER AND RELEASE:** I am in proper physical condition to participate in this event. In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, volunteers, and/or sponsors of Race for Riley 5K/1 Mile/Tot Trot Run and 10/30/60 mile Bicycling event for any injury or illness which may directly or indirectly result from my participation. I grant permission to all of the foregoing to use any photographs, motion pictures, recording or any other record of this event for any legitimate purpose. I understand that radio/tape/CD headsets, dogs or other animals, in-line skates and skateboards are prohibited and that violation of this prohibition will result in disqualification. I understand the inherent risk of bicycle riding and agree to abide by all local highway, or other posted rules and further consent to wear an ANSI or SNELL approved bicycle helmet at all times while riding.

Signature: \_\_\_\_\_  
(If under 18, signature of parent / guardian)  
Date: \_\_\_\_\_

Send this form by **April 23** with payment to: The Joseph Sams School, c/o Race for Riley, 10685 Hutcheson Ferry Rd., Palmetto, GA 30268. Questions? Call us at 770-463-0714, or email waynette@raceforriley.org.

For information about mitochondrial disorders, registration and race details, visit [www.raceforriley.org](http://www.raceforriley.org) or [www.umdf.org](http://www.umdf.org).