



**Penny Paul Race for All 5K Run/Walk**  
**Benefitting the Kendrick Paul Simmons, Sr. Memorial Scholarship**  
**October 4, 2025**  
**8:00 am**

**Race Location:** Shady Grove Missionary Baptist Church, 226 Martin Luther King Jr. Dr., Cornelia, GA 30531. Registration begins at 7:00 am

**Entry Fee:** \$30 until October 3, 2025 and all pre-registered participants will receive a t-shirt. Race day registration \$35 with no guarantee of a t-shirt

**Make Checks Payable To:** Pebble Ministry Inc. and mail to PO Box 1853, Clarkesville, GA 30523

**Virtual runners:** Submit times to [aaaraceservices@gmail.com](mailto:aaaraceservices@gmail.com) by noon on race day.

**Contact:** Cristina Simmons, 706-768-6834, [pebbleministryinc@gmail.com](mailto:pebbleministryinc@gmail.com)

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Penny Paul Race for All 5K Entry Form-**PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

SHIRT SIZE (circle one) S M L XL

OFFICIAL RELEASE/AGREEMENT: As consideration for being permitted by Pebble Ministry Inc. to participate in the run/walk, I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue or attach the property of the Promoters and Sponsors, for any and all injuries or damage arising from my participation in the run/walk. I also give free use of my name and/or picture in any broadcast, telecast, or other account of this event. ASSUMPTION OF RISK: I am aware that running/walking a five-kilometer race is a strenuous and potentially dangerous activity. With knowledge of the risk involved, I hereby agree to accept any and all risks of injury or death. I represent and certify that I am physically fit and I have sufficiently trained for this event. I have carefully read this agreement and understand its contents. I'm aware that this is a release of liability, and a contract between myself and the Promoters and Sponsors and sign it of my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_

