



**All Proceeds to benefit St. Jude's Children's Research Hospital**

Date: October 10, 2015 at 9:00 AM (Same day/registration begins a 8:00 AM)  
 Location: Old Osh Kosh Parking Lot across from Town Hall (near the new Community Stage) Byrdstown, TN.  
 Course: 5K (3.1 miles) USA Track & Field Certified Course  
 Fees: \$25 Pre-registration (early entry includes T-Shirt) Early registration ends October 2, 2015.  
 \$30 Same day registration (will NOT include T-Shirt)  
 Awards: Top Overall and Male and Female in each age group (Runners Only)  
 14 and under, 15-20, 21-30, 31-40, 41-50, 51-60, 61 and up.  
 All runners and walkers will be scored!

**COMPLETE and RETURN ENTRY FORM TO TOWN OF BYRDSTOWN 5K BY MAIL OR DROP  
 OFF at TOWN HALL or THE WELCOME CENTER DURING REGULAR BUSINESS HOURS.**

**TOWN OF BYRDSTOWN 5K  
 C/O BYRDSTOWN PICKETT COUNTY CHAMBER OF COMMERCE  
 P.O. BOX 447  
 BYRDSTOWN TN 38549**

**Make Checks Payable to Town of Byrdstown 5K**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

T-SHIRT SIZE please circle:      SMALL      MEDIUM      LARGE      XLARGE      XXLARGE

WAIVER OF LIABILITY - PLEASE READ BEFORE SIGNING BELOW. I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors, administrators, forever waived, release and discharge any and all rights, claims for damages, causes of action whether in law, equity or otherwise, known and unknown, that I or any of them, may have against the Town of Byrdstown 5K Run/Walk, City of Byrdstown/Pickett County, all sponsors of the event, and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assignees, for any injuries, illnesses, or other harm suffered by me in or as a result of this event. I understand that there will be no refunds if event cannot be staged or is cancelled for any reason. We reserve all rights to cancel this event and shall not be liable for any actual or consequential damage. I attest that i understand precautions must be taken when running in warm or cold conditions. And on uneven surfaces I will abide by the decisions of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness, or incapacity regardless of whether I have authorized such expenses. I have read this waiver carefully and understand it. IF PERSON IS UNDER 18: The signature certifies that I am responsible for my son/daughter and have my permission to participate in the 5K Run/Walk. The signee has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above): And by signing intentionally and voluntarily agrees to its terms and conditions. The signee further certifies that I am in good physical condition and able to safely participate in the 5K Run/Walk.

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