

5K Run/Walk for Life



TO BENEFIT THE AMERICAN CANCER SOCIETY

**Saturday, May 9 - 7:30 AM (CDT)
Putnam County Fairgrounds**

Immediately following the close of Relay for Life

**Race
Begins
7:30 AM
(CDT)**

ENTRY FEES:

Individual: *Earlybird Registration* - \$15.00 before April 20th
\$25.00 after April 20th - \$30.00 day of Race
4 Person Team: *Earlybird Registration* - \$50.00 before April 20th
\$60.00 after April 20th - \$65.00 day of race

AGE GROUPS:

0-12	13-18	19-29
30-39	40-49	50-59
60-69 and 70+		

CORPORATE WELLNESS PROGRAM MEMBERS:

Individual: *Earlybird Registration* - \$10.00 before April 20th - \$20.00 after April 20th - \$25.00 day of race
4 Person Team: \$45.00 before April 20th - \$55.00 after April 20th - \$60.00 day of Race
(Must show proof of wellness membership)

Awards: Awards presented immediately after race.

Overall male and female winners • Top male and female in each age group
Top Teams (Team's Combined Average) • Masters Male and Female (50+)

Early registrations ends April 20th. All pre-registered participants will receive a T-shirt.

Shirts provided to on-site registrants while supplies last - they are not guaranteed with your on-site registration.

**PACKET PICKUP AND DAY OF RACE REGISTRATION BEGINS AT 6:30
MORE INFORMATION CONTACT - ALI BAGCI (931) 783-5793**



COMPLETE & MAIL ENTRY FORM TO:
Cookeville Regional Medical Center • Attn: Lisa Bagci
1 Medical Center Boulevard • Cookeville, Tennessee 38501



LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE/ZIP: _____

PHONE: _____

T-SHIRT SIZE: Youth L SM M L XL 2XL GENDER: M F

BIRTHDAY: ____/____/____ AGE: _____ E-MAIL: _____

WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING. I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Relay for Life Run for Life – (the "Event"), Cookeville Regional Medical Center, the City of Cookeville, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds if Event cannot be staged or is cancelled for any reason. Cookeville Regional Medical Center reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I will abide by the decision 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 hereby grant permission to Cookeville Regional Medical Center to use any photographs, videotapes, motion pictures, recording or any other record of this event for legitimate purpose including commercial advertising. I have read this waiver carefully and I understand it. IF ATHLETE IS UNDER AGE 18: The signature certifies that my son/daughter has my permission to participate in the Relay for Life Run for Life. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature: _____ Date: _____

