



## Three Rivers Fun Run 5K Run/Walk

**Saturday May 14, 2016**

**Fort Southwest Point 1225 S. Kentucky Street Kingston, TN 37763**

**Walkers - 8:00 5K - 8:30**

*Mail Early Registration to: Roane County Schools (Ends May 6, 2016)*  
105 Bluff Road  
Kingston, TN 37763

Proceeds will benefit the Roane County Schools Education Foundation

Entry Fees: 5k \$40.00  
Walkers \$25.00  
Students (K-12) \$15.00

***T-Shirts Pre-registered will receive t-shirts at event, Race day entries will receive t-shirt while supplies last***

**5K Awards – Top Male and Female in each age group, Top Master 40+, Top Overall**

Age Groups: 11 and under, 12-15, 16-19, 20-29, 30-39, 40-49, 50-65 and 65+

**Walkers Awards: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> in both male and female (all ages)**

### THREE RIVERS 5K RACE REGISTRATION FORM (5/14/16)

**Amount enclosed:** \_\_\_\_\_ **Walker** \_\_\_\_\_ **Runner:** \_\_\_\_\_

Name \_\_\_\_\_ Age (as of 5/14/2016) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ School (if student or staff) \_\_\_\_\_

T-Shirt Size: **Adult (please circle)** S M L XL XXL **OR** Youth \_\_\_\_\_ Medium only

**In Case of Emergency** Call: \_\_\_\_\_ Phone \_\_\_\_\_

**ATHLETE’S RELEASE: Please Read. To run/walk in this event, you must sign and date this form in the appropriate space below.**

I know that participating as a runner/walker in races is a potentially hazardous activity. I should not enter and run/walk in the **Three Rivers 5K Run/Walk** unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the run. I assume all risks associated with running/walking in the aforementioned race, including, but not limited to: falls, contact with other participants, the effects of weather including high heat and humidity, rain, the condition of the race course and traffic on the course, all such risks known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I for myself and anyone entitled to act on my behalf, waive and release the ROANE COUNTY SCHOOLS Education Foundation, and any and all members thereof, and all further sponsors, their representatives, successors, from all claims of liability of any kind arising out of my participation in the aforementioned event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Athlete’s Signature **and, if under 18 Parent’s Signature** \_\_\_\_\_ Date \_\_\_\_\_

