



# Run For Your Buns 5k

at Franklin Woods Community Hospital  
Friday, April 12 @ 6:30 p.m.  
[www.RunForYourBuns.com](http://www.RunForYourBuns.com)

\$20 per entrant until Jan. 15  
\$25 per entrant Jan. 16 - April 11  
\$30 at packet pickup - April 12 from 4-6 p.m.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age on Event Day: \_\_\_\_\_ Sex:  M  F

Emergency Contact (Name & Phone) \_\_\_\_\_

**Boxer Size:** Youth Sizes  YM  YL  
Adult Sizes  S  M  L  XL  XXL

\*\*\*\*PLEASE BE AWARE THAT THESE ARE BOXER SIZES\*\*\*\*

**Checks Payable to: Ballad Foundation**

Mail this form to: Run For Your Buns 5k  
3101 Browns Mill Road, Ste. 6-182  
Johnson City, TN 37604

*In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all claims for personal injury or property damage, of whatever form and nature, I may have against the The Goose Chase, its affiliates and/or subsidiaries, Ballad Health, Franklin Woods Community Hospital, We Run Events, co-sponsoring organizations, and all other persons, acting on behalf of the foregoing organizations, stemming from or arising as a result of my participation in any of the events of the 2019 Run For Your Buns 5k. I attest and verify that I am physically fit and sufficiently trained to participate in any of the events that I enter. I also give my permission for the free use of my name and picture in any newspaper write up, "broadcast", "telecast", or other written account of this event.*

Participant/Guardian Signature & Date: \_\_\_\_\_

*\*Signature of parent/guardian required if participant is under age 18.*