

5k Glow Run

The Wellness Center, Johnson City

Friday, August 10 @ 8 PM



Check event: Individual Runner (\$25 until 8/8/18, \$30 8/9 & 8/10)
 Ballad Health Employee # _____ Facility Name _____

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____

E-mail: _____

Date of Birth: ___/___/___ Age on Race Day: _____ Sex: M F

Race Day Emergency Contact (Name & Phone) _____

Shirt Size: Youth Sizes YS YM YL
Adult Sizes S M L XL XXL

Checks Payable to: Ballad Health Foundation

Mail this form to: 5k Glow Run
3101 Browns Mill Rd., 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 Ballad Health, The Wellness Center, City of Johnson City, The Goose Chase, its affiliates and/or subsidiaries, 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 5k Glow Run. 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.

Signature & Date: _____

Register Online & Race Information

www.SummersBestRace.com