

Run For Our Veterans 5k

www.RunForOurVeteransJC.com

Friday, May 25th at 6:30 p.m.

Check event: Individual (\$25 until 5/24/18, \$30 5/25/18)
 Handcycle (\$25 until 5/24/18, \$30 5/25/18)
 Students 18 & under (\$20 until 5/24/18, \$25 5/25/18)

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 YM YL

Adult Sizes S M L XL XXL

**Checks Payable to: Johnson City/Washington County
Veterans' Memorial Foundation**

Mail this form to: The Goose Chase
3101 Browns Mill Road, Suite 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 City of Johnson City, Johnson City/Washington County Veterans' Memorial Foundation, Mountain Home/VA, 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 Run for the Veterans. 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: _____