

Run For Your Buns 5k
at Franklin Woods Community Hospital
Friday, April 17 @ 6:30 p.m.
www.RunForYourBuns.com

\$20 per entrant until Jan. 31
\$25 per entrant Feb. 1 - April 16
\$30 at packet pickup - April 17 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) _____

Choose either a tshirt or boxers:

☐ Tshirt (please circle) YS YM YL S M L XL XXL

☐ Boxer (please circle) S M L XL XXL

Checks Payable to: Run For Your Buns

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, Ballard 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 2020 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.***