



# Sierra Hull Bluegrass Festival 5K Run/Walk

*All Proceeds will benefit St. Jude Children's Research Hospital*

Date: October 13<sup>th</sup>, 2012 at 9:00 AM (Same day registration begins at 8:00 AM)

Location: Pickett County K-8 (Back entrance) Byrdstown, TN

Course: 5K (3.2 miles)

Fees: \$25 Pre-registration (early entry includes autographed T-Shirt and festival armband)

\$30 Same day registration (will NOT include T-Shirt or arm band)

Awards: Top Overall and Male and Female in each age group (Runners Only)

14 and under, 15-20, 21-30, 31-40, 41-50, 51-60, 61 and up

ALL runners and walkers will be scored!

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**COMPLETE and RETURN ENTRY FORM TO BYRDSTOWN CITY HALL BY MAIL OR DROP OFF**

**TOWN OF BYRDSTOWN CITY HALL  
109 WEST MAIN STREET  
BYRDSTOWN, TN 38549**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

T-SHIRT SIZE please circle:    SMALL    MEDIUM    LARGE    XLARGE    XXLARGE

WAIVER OF LIABILITY—PLEASE READ BEFORE SIGNING BELOW. I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors, administrators, forever waived, release and discharge any and all rights, claims for damages, causes of action whether in law, equity or otherwise, known and unknown, that I or any of them, may have against the Sierra Hull Bluegrass 5K Run/Walk, City of Byrdstown/Pickett County, all sponsors of the event, and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assignees, for any injuries, illnesses, or other harm suffered by me in or as a result of this event. I understand that there will be no refunds if event cannot be staged or is cancelled for any reason. We reserve all rights to cancel this event and shall not be liable for any actual or consequential damage. I attest that I understand precautions must be taken when running in warm or cold conditions. And on uneven surfaces I will abide by the decisions of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness, or incapacity regardless of whether I have authorized such expenses. I have read this waiver carefully and understand it. IF PERSON IS UNDER 18: The signature certifies that I am responsible for my son/daughter and have my permission to participate in the 5K Run/Walk. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above): And by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that I am in good physical condition and able to safely participate in the 5K Run/Walk.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_