



Events: 4:30pm Family Fun Activities (Inflatables/Games)
 5:15pm 1 Mile/SFTC Prince and Princess Competition
 6:00pm FBC AmazinGrace 5K

Supporting: Providence Medical Clinic of Kingsport – providing basic medical care for those who could otherwise not afford it. 100% of the event proceeds will benefit the clinic.

Location: Providence Medical Clinic ✕ 441 Clay Street ✕ Kingsport, TN 37660

Divisions: 5K – Overall Top 3 Male and Female, Overall Masters, Overall Grandmasters,
 Top 3 Male & Female in each age division (10 & under, 11-14, 15-19, 20-24, 25-29...)
 1 Mile/SFTC Prince and Princess Competition - Top Male & Female in each age division (8 & under, 9-10, 11-12, 13-14, 15-19, 20-29, 30-39, 40-49,...)

Registration: *T-shirts guaranteed to the first 450 participants registered*
 T-shirts can be purchased separately while quantities last for \$12 (select size below and mail check with form)

| <u>Pre-registration through 4/28/19</u> | | <u>Regular Registration after 4/28/19</u> | |
|---|------|---|------|
| 1 Mile | \$15 | 1 Mile | \$20 |
| 5K | \$20 | 5K | \$25 |
| Both | \$30 | Both | \$40 |

*Mail in registrations will be accepted and must be post-marked by 4/27/19

Packet

Pick-up & Late Registration: Sat. 5/4/2019 5-8pm @ High Voltage, 101 Cherokee St Suite 30, Kingsport, TN – Enter at Main Street
 Sun. 5/5/2019 3-5pm @ The lower atrium First Baptist Church Kingsport - Corner of Sullivan Street/Charlemont Ave. in Kingsport, TN (Also corner of Clay Street/Sullivan Street)

For more information contact Allison Jones at 423-791-2757 or abrunnergirl@yahoo.com ✕ No Pets Please

(Please fill out one for each participant)

LAST NAME _____ FIRST NAME _____ M.I. _____

SEX _____ DATE OF BIRTH ____/____/____ AGE ON RACEDAY _____ PHONE (____) _____ - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ CIRCLE T-SHIRT SIZE: **ADULT** S M L XL 2XL 3XL | **YOUTH** M L

CIRCLE EVENT: **FBC AmazinGrace 5K** | **1 Mile** | **T-shirt Only**

IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE FOREVER ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS, SPONSORS, VOLUNTEERS, VENDORS, CONTRACTORS, AND SUBCONTRACTORS OF THIS EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE DEMANDS, AND ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO AND FROM AND MY PARTICIPATION IN SAID RACE. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT. IN FILLING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND MY OWN LIABILITY AND ABILITY. IN CONSIDERATION OF MY PARTICIPATION IN THIS EVENT, I HEREBY GRANT IN PERPETUITY TO THE FIRST BAPTIST CHURCH KINGSPORT, THE USE OF MY PHOTOGRAPHS, LIKENESS, AND NAME FOR ALL PUBLICITY AND COMMERCIAL PURPOSES IN CONNECTION WITH FBC AMAZINGRACE 5K. DUE TO INSURANCE REGULATIONS, STROLLERS AND HEADPHONES ARE NOT ALLOWED ON THE RACE COURSE.

SIGNATURE _____ DATE _____

(Parent signature if under the age of 18)

***Checks Payable to: Providence Medical Clinic**

Please indicate "AmazinGrace" on check

Mail completed form with check to:

AmazinGrace 5K, PO Box 1579, Kingsport, TN 37662