



The Second Mile

M A T T H E W 5 : 4 1

April 28, 2024

Events: 5:00 pm Family Fun Activities (Inflatables/Games)
6:00 pm - The Second Mile

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

Awards: 2M – Overall Top 3 Male and Female, Overall Male & Female Masters, Overall Male & Female Grandmasters, Top 3 Male and Female in each division (5 & under, 6-10, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59 80+)

Registration: *T-shirts guaranteed to participants registered by April 14.*

Pre-register: 18 & under - \$15 19 & over - \$20

**Walk-Up -
4-27, 4-28:** 18 & under - \$20 19 & over - \$25

*Mail in registration will be accepted and must be post-marked by 4/15/23.

Packet Pick-Up: Saturday 4/27 - 3-5pm @ the Lower Atrium of First Baptist Church Kingsport, Kingsport, TN

Sunday 4/28 - 3-5pm @ the Lower Atrium of First Baptist Church Kingsport, Kingsport, TN

(Corner of Sullivan Street/Charlemont Ave. Also corner of Clay Street/Sullivan Street)

For more information contact Danny Silvey at 423-247-4122 Ext. 242 or 2mile@fbckpt.org or visit www.fbckpt.org/The-Second-Mile

(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** XS S M L XL

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 THE SECOND MILE. 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 The Second Mile on check

Mail completed form with check to:

The Second Mile, P.O. Box 1579, Kingsport, TN 37662

