

Kick Butts 5K Be a Superhero for Cancer
 Old Hancock County High School
 418 Harrison St., Sneedville, TN 37869, Sneedville, TN
11/2/2024

9:00 am. Join the Hancock County Health Department for a 5K by the beautiful Clinch River to support the Hope for Hancock Cancer Fund. **Please wear your favorite superhero costume, cape, t-shirt, etc.!**
 The entry fee is \$12, and the race will be electronically timed by We Run Events.
T-shirts guaranteed for pre-registered entries by 10/15/24.

Pre-registration: \$12 (ends 11/1/24)		Regular Registration:	\$12
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Make checks payable to: Hope for Hancock

Mail this form to: Hope for Hancock or 544 Hugh Hopkins Rd. Sneedville, TN 37869	Drop off at:	Hancock County Health Department 178 Willow Street Sneedville, TN 37869
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Headphones are permitted on the course | Strollers are permitted on the course

For more info contact: Sonya Winkle, sonya.a.winkle@tn.gov , 423-733-2228	5K Run/Walk Timed Male & Female Awards: Top Overall Top Masters Top Age Groups (Top 3) 10 under, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 over.
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LAST NAME _____ FIRST NAME _____ M.I. _____

SEX ___ DATE OF BIRTH ___ / ___ / ___ AGE ON RACEDAY ___ E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____ - _____

RACE DAY EMERGENCY CONTACT (NAME AND PHONE) _____

*** **CIRCLE EVENT:** 5K Run/Walk Timed | 5K Walk Untimed *** **CIRCLE SHIRT SIZE:** YS, YM, YL, SM, MD, LG, XL, 1X, 2X, 3X 4X

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 AND SPONSORS 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.

SIGNATURE _____ DATE ___ / ___ / ___ (Parent signature if under the age of 18)

This entry form was generated with the SFTC Calendar Utility at www.runtricity.org

