Kick Butts 5K Hope Is Stronger Than Cancer

Hancock County Health Department
222 Public Health Drive, Sneedville, TN 37869
11/07/2026

9:00 am. "Join the Hancock County Health Department for a 5K Run/Walk along the beautiful Clinch River to support the Hope for Hancock Cancer Fund. This community event brings together runners, walkers, and families to help make a meaningful impact. The race will start and finish at the Hancock County Health Department—come out, get active, and support a great cause!
The 5K will be electronically timed by We Run Events.
Register early to guarantee your T-shirt!!

Pre-registration: $12 (ends 11/07/26) | **Regular Registration:** $12

Make checks payable to: Hope for Hancock

Mail this form to: Hope for Hancock or
288 Jarvis Street
Sneedville, TN 37869

Drop off at: Hancock County Health Department
222 Public Health Drive
Sneedville, TN 37869

Headphones are permitted on the course | Strollers are permitted on the course

	5K Run/Walk Timed Male & Female Awards:
For more info contact: Sonya Winkle, sonya.a.winkle@tn.gov, 423-733-2228	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:** SM, MD, LG, XL, 1X, 2X, 3X

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)