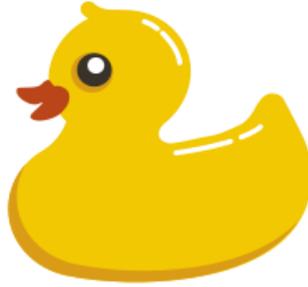


3rd ANNUAL

“In YOUR memory 5k”



Saturday, June 8th Location: 3 South Hill Street (Food City), Athens, TN

Registration: 6.45 am, **5k Race:** 7:30, **1 Mile Memory Walk:** 7:40

For Additional information call or text 423 887-4089

This event was created to give all entrants a chance to run/walk in memory of a lost family member, friend, co-worker, etc. All entries that are received by the date of May 24th will have the name of the person they are running/walking in memory of on the race t-shirt. ONE name per entry.

All proceeds benefit the MEJ Foundation. This is a scholarship fund started in memory of **Morgan Elizabeth Johnson**, a local high school student that lost her life in 2012. 100% of monies raised will be used to provide area high school seniors with a scholarship towards their higher education.

Awards: Top Overall Male/Female. Age Groups: Male/Female: 17 or under, 18-29, 30-39, 40-49, 50-59, 60-69, & 70+ Participants are eligible for only one award.

Registration Fee: \$20 Race day registrations will receive t-shirt while supplies last.



“In YOUR memory 5k” and 1 Mile Fun Run/Walk
Make Checks payable to: The MEJ Foundation

Name: _____ Male Female
Street Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Birth Date: ____/____/____ Age on Race Day: _____
Email: _____

T-Shirt Size: Small Medium Large XL XXL
Event: 5K Run 1 Mile Memory Walk

Name of Person (**one per entry**) Running/Walking in Memory of (Please Print): _____

Liability and Publicity Release: In consideration of your accepting my entry to “In YOUR Memory 5K and 1 Mile Fun Run, I intend to be legally bound, do hereby for myself, my heirs, and assigns waive all claims for damages which I may have, or which hereafter occur to me against the organizers of the In Your Memory 5k and its affiliates, race volunteers, The MEJ Foundation, the City of Athens, any sponsors, promoters, and/or any other contributors for any and all injuries or illness which may result from my participation. I attest and verify that I have full knowledge of the risk involved in these events, that I am physically fit and sufficiently trained to participate. I also authorized the use my name, photographs and/or video tape of my participation in said race for any and all purposes. I have read the above statement, I understand it and my signature confirms my full acceptance.

X _____
Signature of Participant/Parent or Guardian if less than 18 years of age **Date**

Mail registration to PO Box 112, Englewood, TN 37329