



DR DENNIS BRANCH 5K RUN/WALK

AUGUST 03, 2019/NEWPORT CITY PARK

EVENT SCHEDULE:

7:00-7:30 a.m. - 5K REGISTRATION

8:00 a.m. - 5K RUN -(CHIP TIMED BY TROJAN TIMING)

PRICING:

REGISTRATION :(1st 100 participants receive T-Shirts)

\$25.00 ea. Adult – 15-65 & older

\$15.00 ea. Kids- 10-14 years of age

9 years and under- NO COST, but still have to register for run/walk. NO REFUNDS WILL BE ISSUED FOR THIS RUN.

Mail registration/release forms to Tennessee Picnic Headquarters, 240 Jaybird RD. Newport, TN 37821. Include Check, Cash or Money order. Make Checks and Money orders payable to Tennessee Picnic. Pay by Credit Card online @ www.runsignup.com.

Registration & Payment

Age Division (Circle One)

9&Under	10-14	15-19	20-24	25-29	30-34	35-39
40-44	45-49	50-54	55-59	60-64	65&Older	

T-SHIRT SIZE: (Circle One)

Adult: S M L X L

Last Name:_____ First Name_____ MI_____

Gender: M F Age____ Phone_____

Email_____ Address_____ City_____ State_____ Zip_____

EmergencyContact_____ Phone_____

Race (5KRUN/WALK)

PAYMENT (Circle one)

Cash Check MoneyOrder

Directions to Run/Walk

Newport City Park, Newport TN, 37821- PARK DIRECTOR: TIM DOCKERY @ 423-623-7304

ReleaseForm:

Waiver must be signed by each participant

I, the undersigned, acting in my own capacity and on behalf of myself, my heirs and my estate, do hereby release Newport City Park and affiliates of and from any liability, claims, court actions or causes of action for the personal injury or property damage which I may suffer while participating in the Dr. Dennis Branch 5K Run/Walk, during my transportation to and from site, or while using facilities at the Newport City Park or the route designed for the Dr. Dennis Branch Run/Walk off the Newport City Park premises. This release from liability covers any injury or damage resulting from my visit to Newport City Park to specifically include, but not limited to, participation in those events. I attest and verify that I have full knowledge of the risks involved in this event, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity and that I am physically fit and sufficiently trained to participate in this event.

Participant Name _____

Signature _____

Date _____ Parent/Guardian

Signature _____

(If participant is under age 18)

