



Events: 4:30pm Family Fun Activities (Inflatables/Games)
 5:15pm 1 Mile/Kids Festival of Miles (KFOM) - Chip Timed, can participate un-timed for free
 6:00pm FBC AmazinGrace 5K - Chip Timed

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

Divisions: 5K – Overall Top 3 Male and Female, Overall Masters, Overall Grandmasters,
 Top 3 Male & Female in each age division (10 & under, 11-14, 15-19, 20-24, 25-29...)
 Kids Festival of Miles – Top Male & Female in each age division (8 & under, 9-10, 11-12, 13-14)

Registration: Registration is necessary for all timed race events (5K, KFOM/Timed 1 Mile)
T-shirts guaranteed to the first 600 participants registered for the 5K and KFOM/Timed 1 Mile
 T-shirts can be purchased separately while quantities last for \$12 (select size below and mail check with form)
 5K - \$20 pre-registration through 4/30/17; \$25 5/1/17-5/7/17
 Timed 1 Mile/Kids Festival of Miles - \$15 pre-registration through 4/30/17; \$20 5/1/17-5/7/17
 Untimed 1 Mile Run/Walk - Free (t-shirt not included)
 Mail in registrations will be accepted and must be post-marked by 4/29/17

Packet

Pick-up & Late Providence Medical Clinic, 441 Clay Street, Kingsport, TN 37660

Registration: Sat. 5/6/2017 11:00am-1:00pm & Sun. 5/7/2017 3:00pm-5:00pm

For more information contact Allison Jones at 423-791-2757 or abrunnergirl@yahoo.com ✕ No Pets Please

(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** M L

CIRCLE EVENT: **FBC AmazinGrace 5K** | **Kids Festival of Miles/Timed Mile** | **Free Mile Run/Walk** | **T-shirt Only**

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 KINGSFORT, THE USE OF MY PHOTOGRAPHS, LIKENESS, AND NAME FOR ALL PUBLICITY AND COMMERCIAL PURPOSES IN CONNECTION WITH FBC AMAZINGRACE 5K.
 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 "AmazinGrace" on check
Mail completed form with check to: AmazinGrace 5K, PO Box 1579, Kingsport, TN 37662