

Wellness Center/Foot Rx 5K

Saturday, March 3rd 9am

5th Annual Race! Ton of Door prizes AND AWESOME race shirt. Chip timed by We Run Events! Packet Pick up @
Foot Rx 10am -7pm on Friday, March 2nd
Race Starts @ 9am

Pre-registration: Pre-Registration \$20
Cash or Check

SFTC and Wellness Center Members will receive a \$1.00 off discount.

Make checks payable to: Foot Rx

Mail this form to: 3135 PEOPLES ST SUITE 404 or Register at The Wellness Center
JOHNSON CITY, TN 37604

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

For more info contact
Steve 423 282 2235

Foot Rx 5K Male & Female Awards:

Overall (top 3)
Masters (top 3)
GrandMasters (top 2)

Age Groups (top 3)
...10,11-15,16-20,21-25,26-30,31-35,36-
40,41-45,46-50,51-55,56-60,61-65,65...

Foot Rx 5K

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 SHIRT SIZE:** XS, SM, MD, LG, XL, XXL

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)