



## 2012 FunRun Application Form

Certified 5K & 10K Course  
(#TN 05020DJR and #TN 05021DJR)

Registration fee: \$25 by midnight August 27 and \$35 from August 28 to September 8.  
NO SHIRT GUARANTEE FOR ENTRIES RECEIVED AFTER AUGUST 27

Packet Pick-Up: Packet pick up and late registration begins at 6:15 am  
REGISTRATION CLOSSES AT 6:45 AM SHARP!  
Race begins promptly at 7 am on Saturday, 9/8/12

COMPLETE & MAIL ENTRY FORM TO:

Fall FunFest FunRun 345 S. Jefferson, Suite 303 Cookeville, TN 38501  
(Applications also available at the CityScope office or Foothills Running Co. at 155 W. Broad St. Suite B.)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DISTANCE:  5K  10K

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

T-SHIRT SIZE:  Youth L  SM  M  L  XL PHONE: (\_\_\_\_) \_\_\_\_\_

GENDER:  M  F

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_

E-MAIL: \_\_\_\_\_

TEAM NAME: (if applicable) \_\_\_\_\_

WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING. I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Averitt Fun Run – (the "Event"), Fall FunFest, CityScope, the City of Cookeville, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds if Event cannot be staged or is cancelled for any reason. Fall FunFest reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to Fall FunFest to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose including commercial advertising. I have read this waiver carefully and understand it. IF ATHLETE IS UNDER AGE 18: The signature certifies that my son/daughter has my permission to participate in the Fun Run. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and is able to safely participate in the Fun Run. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_