



Ides of March 5K and 1 Mile Walk
Part of the Soles of the City Series
First Race of the Spring Fling Series
Benefits Free PSA Screening at UT Hospital



Date, Time and Place: Sunday, March 16, 2014 2:00 PM EST Tyson Park in Knoxville

Course Description: Loop course beginning and ending at Tyson Park (USATF certification # TN 07011 DJR)

Registration and Fees: Paper Entry: (postmark by Mar 7, 2014) \$25 Adults/\$15 Children<19 Late and Race Day \$30 Adults/\$15 children<19 **Online Registration Available at** <http://www.runnerreg.net/search/event.aspx?id=24820> (Closes Midnight Mar 11, 2014) \$25 adults/\$15 Children<19 **NO TRANSACTION FEE TO PARTICIPANT** Preregistration and packet pickup will be at Fleet Feet in Turkey Creek Thursday, Mar 13, 2014 10 AM to 6 PM.

Shirts: Heavy Weight Cotton Short Sleeve. No T-Shirt Option Deduct \$2.00. Adult XXL Add \$2.00

Awards: \$50 to Top M/F Overall Finisher \$25 to Top M/F Master, Grandmaster, and Veteran Finisher. Awards Three Deep to M/F finishers in Age Group 1-10, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80+ (overall winners not eligible). **Cash awards awarded per race results—no exceptions.**

TN Grand Prix: This Event is part of The Run and See Tennessee Grand Prix Series. <http://www.tngrandprix.com>

Information: Ron Fuller at 865-300-3473 ron.fuller@totalracesolutions.com

Spring Fling Series: Ides of March 3/16/2014, Breakthrough Run for Autism Awareness 4/5/2014, Run for Deaf 5/3/2014

Please Check Mark or Complete Appropriate Entries One Form Per Participant

Last Name: _____ First Name: _____

Age: ___ DOB: ___/___/___ Gender: ___M ___F Email Address: _____

Street Address: _____ Zip Code _____

Emergency Contact: _____ Emergency Phone # _____

Adult Shirt: ___No Shirt (Deduct \$2.00) ___S ___M ___L ___XL ___XXL (\$2.00 Up Charge) Youth Shirt: ___YS ___YM

Fee: Adult ___\$25 Child <19 ___\$15 (postmark by Mar 7) Adult ___\$30 Child <19 ___\$15 (postmark after Mar 7)

Shirt: ___ No Shirt (Deduct \$2.00) ___ Adult XXL (Add \$2.00)

Additional Donation PSA Screening ___ Yes Amount \$ _____

Team Name: _____ Team Type: School ___ Community ___ Church ___ Competitive ___

Total Amount Enclosed: \$ _____ Check Payable to Soles of the City and Mail to: TRS PO Box 30667 Knoxville, TN 37930-0667

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release & discharge any and all rights & claims for damages & causes of suit or action known or unknown, that we may have against The Soles of the City Ides of March 5K, Total Race Solutions, the Run and See Tennessee Grand Prix, RunnerReg, Soles of the City Running Club, the City of Knoxville, UT Medical Center, and all other political entities, all independent contractors & construction firms working on or near the course, all event officials & volunteers, & all sponsors of the race, & related race events & their officers, directors, employees, agents & representatives, successors, & assigns, for any and all injuries that may be suffered by me in this event. I attest that I am physically fit, am aware of the dangers & precautions that must be taken when running in warm or cold conditions, & have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the run. I further assume and will pay my own medical & emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses. Further, I hereby grant full permission to The Soles of the City Ides of March 5K, Total Race Solutions, the Run and See Tennessee Grand Prix, RunnerReg, Soles of the City Running Club, and/or agents hereby authorized by them, to use any photographs, videotapes, motion pictures, recording, or any other record of this event for any legitimate purpose at any time. By furnishing my email address, I acknowledge that I authorize The Soles of the City Ides of March 5K, Total Race Solutions, the Run and See Tennessee Grand Prix, RunnerReg, and Soles of the City Running Club to include me on mass emails concerning The Soles of the City Ides of March 5K, or any Total Race Solutions, Run and See Tennessee Grand Prix, RunnerReg or Soles of the City Running Club event. I understand that my personal data will not be shared with any other entity without my express written approval and that I may opt out of receiving these emails at any time. I further understand that there are no entry refunds, exchanges, transfers or rollovers, and that the event may be cancelled due to severe weather conditions, natural disasters, or threats to local and national security including suspected terrorist activity. I understand if I use an MP3 player, IPOD, headset, cell phone or other electronic device while participating in the event, I will do so in a reasonable manner using common sense and awareness of those around me. I agree that the laws of the state of Tennessee apply to this contract and waiver and that the only proper venue for any legal action is Knox County Tennessee. I have read this waiver carefully & understand it.

Signature: _____ (Parent/Guardian if Under 18)

Date: _____