

Great Pumpkin Festival Run
Allardt Elementary School, 220 Portland Ave., Allardt, TN
October 2, 2010

Bring Completed Entry Form and Fee the day of the run!!!!

8K, 5K, and 3K

Registration : 7:00-7:45 a.m.

Line-Up: 7:45 -8:00 a.m.

Start Time: 8:00 a.m.

Registration Fee:

Individual \$15.00

Family Rate: (3 or more) \$40

1 Mile Fun Run

Registration : 7:00-7:45 a.m.

Line-Up: 8:15 a.m.

Start Time: 8:20 a.m.

Registration Fee: \$5 per person

Make Checks Payable to:

Allardt GPF Run

Mail to:

GPF Run

P O Box 70

Jamestown TN 38556

Registration can be made on site.

Shirt Size: S M L XL XX (circle one)

Waiver Must Be Signed by Each Runner:

Age Groups:

Male

Female

under 18		under 18	
18-25		18-25	
26-30		26-30	
31-35		31-35	
36-40		36-40	
41-44		41-44	
45-50		45-50	
51-60		51-60	
61+		61+	

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Email: _____

All participants in the Pumpkin Run are required to, and hereby do, assume all risk of participation in the event by signing this general release agreement: The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representative, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges, and covenants not to sue sponsors of the Pumpkin Run, the host city(ies), county and state, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damages(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee paid in non-refundable and non-transferable. Athlete acknowledges and agrees that sponsoring agents, in its sole discretion, may delay or cancel the Event if it believes the conditions on the race day are unsafe. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of sponsoring agents. The Athlete hereby grants to emergency personnel and any other medical director of the Event, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. Athlete has read the foregoing and intentionally and voluntarily signs this release and waiver of liability agreement. If athlete is under age 18 his/her parent or guardian must sign this release and waiver agreement. Athlete's parent or guardian's signature below certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing Release and waiver of liability agreement and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

Participants Name: _____ Age: _____ Signature: _____

Guardian/Parent of Athlete: _____ Signature: _____

Date: _____