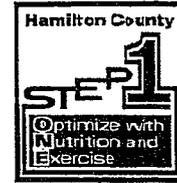




**COUNTY FAIR 5K Run/Walk**  
**One Mile Fun Run**  
**Saturday, September 20, 2008**  
**Chester Frost Park**



Pre-register until September 12 - \$10 for the 5K \$7 for the Mile Fun Run  
 Register day of the race from 6:30AM - 7:15AM - \$15 for the 5K or the Mile Fun Run

MILE FUN RUN 7:30 AM  
 5K 8:00 AM

*T-shirts for all participants*

*Awards for top three age division 5k only*

**DIVISIONS:** (Women/Men) **Ages:** 12&Under, 13-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49,  
 50-54, 55-59, 60-64, 65-69, 70&over

**DIRECTIONS:** Hwy 153 to Hixson Pike, North 6.4 miles, park is on right

**REGISTRATION FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Shirt Size:** Child: LG \_\_\_\_\_ Adult: SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

**Race Waiver and Release:**

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY, INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST HAMILTON COUNTY, ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to use any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form and entry fee payable to Hamilton County Fair 5K, Attn: Linda**  
**P.O. Box 1334, Hixson, TN 37343**  
**CALL 842-0177 FOR MORE INFORMATION**