First Name

Last Name

Age on Race Day DOB: Month Day Year

(circle one)

Gender: M or F

Area Code Telephone Number

Mailing Address

City State Zip Code

E-mail Address

Are you registering as part of a team? ❒ Yes

Team Captain

Team Name

Are you a cancer survivor? ❒ Yes

*Running/Walking In Honor of

*Running/Walking In Memory of

*Memory and Honor names submitted by 8 am on September 1 will be printed at the event site.

I give my full consent and permission to Sherry's Hope, its local affiliates, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other recordings of me or my minor children that are made during the course of this event (the "Event"); and (ii) the results of my or my minor children's participation in this Event (e.g., race time, name, participant number).

WAIVER AND RELEASE OF CLAIMS

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property.

I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST SHERRY'S HOPE, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I OR MY MINOR CHILDREN ATTENDING THE EVENT MIGHT SUFFER IN CONNECTION WITH MY OR THEIR PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I, MY NEXT OF KIN, HEIRS, ADMINISTRATORS AND EXECUTORS MAY HAVE ARISING OUT OF MY OR MY MINOR CHILDREN'S PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY FALLS, CONTACT WITH AND/OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANIMALS, CONDITIONS OF THE EVENT PREMISES, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

This Photographic Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the state in which the Event is held. In the event any provision of this Release is deemed unenforceable by law, (I) Sherry's Hope shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect. I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

COVID-19 RELEASE and WAIVER OF LIABILITY and ASSUMPTION OF RISK AGREEMENT:

In consideration for being allowed to participate in Sherry's Run, receipt and sufficiency of which is hereby acknowledged, and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19 (Coronavirus). While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF SHERRY'S HOPE, its officers, employees, agents or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases as set forth by the Center for Disease Control (CDC) and further agree to take any and all actions necessary to protect myself from potential exposure to infectious diseases, including but not limited to, COVID-19 (Coronavirus).
4. I, for myself and on behalf of my minor children participating herein, my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Sherry's Hope, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF SHERRY'S HOPE OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

*Sherry's Hope, Inc. is a 501 (C) (3) of the Internal Revenue Code and is registered with the state of TN as a charitable organization. Donations are tax deductible under section 170 of the code. Service Animals Only, No Pets Allowed, Tobacco Free Event.

SIGN & RETURN

Participant Signature _____

Parent's or Guardian's Signature if under age 18 _____ Date_____

FEES (Non-refundable and not tax-deductible)

Participant (NO CHIP)	$35	❒ **Pre-Registered**
Participant (NO CHIP)	$45	❒ **Day of Event**
Runner with a timing chip	$45	❒ **Pre-Registered**
Runner with a timing chip	$55	❒ **Day of Event**

(includes event t-shirt & medal, while supplies last)

Sleep In for Sherry's Run	$40	❒ **Pre-Registered** (includes shipping to mail t-shirt after event)
Sleep In for Sherry's Run	$50	❒ **Day of Event** (includes shipping to mail t-shirt after event)
DONATION (tax deductible)	$ _____	
RACE FEE Total	$ _____	

Thank you for registering! The Sherry's Run 5K is a fundraiser for Sherry's Hope.
Sherry's Hope offers financial assistance and emotional support to families in Wilson county and surrounding areas who are affected by cancer.

Mail checks and completed registration form to: Sherry's Hope, P.O. Box 8, Lebanon, TN 37088-0008
Make checks payable to: Sherry's Hope

scan with your smart phone to register on-line

SKIP THE PAPER! Register online at www.sherrysrun.org

T-Shirt Size:

- ❒ S
- ❒ M
- ❒ L
- ❒ XL
- ❒ 2XL
- ❒ 3XL
- ❒ 4XL

T-Shirts available while size/supply lasts!

Youth T-Shirt Size:

- ❒ YXS (2-4)
- ❒ YS (6-8)
- ❒ YM (10-12)
- ❒ YL (14-16)