

CIRCLE EVENT:

5K OR 1 Mile

CIRCLE T-Shirt Size:

ADULT: S M L XL

YOUTH: L M

BIBB # _____

(Staff will issue bibb #s)

CIRCLE SEX

Male Female _____

AGE on 11/4/2023



Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email _____

Date of birth _____

\$30.00 Adults \$15.00 Children 10 & Under

REGISTER ONLINE @

www.runforyourlungs.org or on our [Facebook Page](#)

In consideration of my participation in the RUN for your LUNGS 5K run, 1 mile fun walk, volunteering or being a spectator anytime 11/3/2023 - 11/4/2023, I, for myself, my heirs, executors, and administrators assume all risks associated with and hereby release, waive and hold harmless RUN for your LUNGS Jackie's Run for Life, Inc., Shelia Knight or any of the corporate board officers or board of directors, Lake Blackshear Resort, GA Veteran's State Park, Albany Beverage, Michelob Ultra, the sponsors listed on our shirts, the volunteers, and officers, employees, agents, representatives, successors, and assigns from any and all liability or responsibility for injuries and/or property damage which I may sustain during the event or during my travel to or from the event. This waiver and release covers myself (including all of my heirs, executors, or administrators) and is given in consideration of the RUN for your LUNGS Jackie's Run for Life acceptance of my registration/entry, into the event, my volunteering or being a spectator. In addition, I agree to defend and indemnify RUN for you LUNGS Jackie's Run for Life, Inc., Shelia Knight, or any of its corporate officers or board of directors, Lake Blackshear Resort, GA Veterans State Park, our sponsors listed on our shirt, and anyone else affiliated with this event from any claim or action filed by a third party due to my actions in this event. I also attest that I am physically fit to participate in RUN for your LUNGS event, that I do NOT have COVID-19 and have not tested positive or traveled outside the USA in the last 14 days, I agree to abide by the rules and regulations of the event, I will practice SOCIAL DISTANCING, and I will wear a mask to protect myself and others. I grant full Permission to RUN for your LUNGS Jackie's Run for Life, Shelia Knight, and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

Signature (Parent or Guardian if Minor) _____

_____ Date

Printed Name (Parent or Guardian if Minor)

Minor's Name if under 18

MAIL to:

RUN for your LUNGS

Shelia Knight

P.O. Box 1594

Albany, GA 31702

Questions: Shelia Knight 229-881-7046