

Circle One:

**5K          1 Mile**  
**RUN        Walk**

Circle T-Shirt Size:

**Adult S M L XL XXL**  
**or Child L XL**

ONLY 5K Runners get Bib

**Bib #** \_\_\_\_\_  
(staff will assign bib #)

Circle One:

**Male Female**    **Age** \_\_\_\_\_  
on race day



**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_

**Signature**  
**(Parent if minor)** \_\_\_\_\_

**\$30.00 Adults          \$15.00 Children 10 & Under**

In consideration of my participation in the RUN for your LUNGS 5K run, 1 mile fun walk, volunteering or being a spectator, on 11/2/2013, 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, Don Knight, Rochelle Gay, Lake Blackshear Resort, GA Veteran's State Park, Albany Beverage, Michelob Ultra, the sponsors, 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 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 Rochelle Gay 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. I agree to abide by the rules and regulations of the event. And, I grant full Permission to RUN for your LUNGS Jackie's Run for Life, Shelia Knight, Rochelle Gay, and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

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Signature (Parent or Guardian if Minor)

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Date

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Printed Name (Parent or Guardian if Minor)

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Minor's Name if under 18

**MAIL to:**  
**RUN for your LUNGS**  
**Shelia Knight**  
**P.O. Box 1594**  
**Albany, GA 31702**