

CORNELIA FORT 10K & 50K RELAY



SATURDAY, MAY 17TH, 2014

ENTRY FEE: 10K Individual \$35 before May 17, \$45 on race day
50K Team \$35 before May 17, \$45 on race day
50K Individual \$45 before May 17, \$55 on race day

FIRST NAME: _____ LAST NAME: _____

TEAM NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

E-MAIL: _____ PHONE: (____) _____

GENDER: M F BIRTHDATE: ____/____/____ AGE (on race day): ____

T-SHIRT SIZE: SM M L XL NOTE: No shirt size guarantee after May 1st

DISTANCE: 10K Individual 50K Relay 50K Individual

WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING. I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Cornelia Fort 10K/50K – (the "Event"), Freeman Enterprises and Metro Government of Nashville and Davidson County, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds if Event cannot be staged or is cancelled for any reason. Cornelia Fort 10K/50K reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running an event of this nature. I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to Cornelia Fort 10K/50K to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose including commercial advertising. I have read this waiver carefully and understand it. IF ATHLETE IS UNDER AGE 18: The signature certifies that my son/daughter has my permission to participate in the Cornelia Fort 10K/50K. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and is able to safely participate in the Cornelia Fort 10K/50K. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

NO REFUNDS.

Signature: _____ Date: _____

MAIL COMPLETED FORM TO: Nashville Ultra ☞ P.O. Box 160858 ☞ Nashville, TN 37216
Make Checks Payable to Nashville Ultra

For more information go to: www.RunCornelia.com