



RACE ENTRY FORM

2017 L.E.M.R.



MAY 20, 2017 8:00 AM
 SEQUOYAH HILLS PARK

1400 Cherokee Blvd, Knoxville, TN 37919

One form per entrant ---- Please print & fill out completely

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____ Email: _____

Law Enforcement Agency you will be representing or supporting: _____

**The race is not limited to employees of Law Enforcement Agencies*

Gender (circle one): Male / Female Date of Birth: _____

T-shirts Adult sizes: No shirt S M L XL XXL & Youth Medium (guaranteed available only if preregistered by May 7th)

<u>Entry Fee:</u>	<i>Headphones@ your own risk</i>
Early Registration: \$25.00 - through May 7th	
\$30.00 ~ May 8th through Day of Race	
<i>Under Age 13: \$20.00 - through May 7th</i>	
<i>Under Age 13: \$25.00 ~ May 8th – Day of Race</i>	
Amount Enclosed \$ _____	Additional Donation \$ _____ Total \$ _____
Mail Registration Form to:	LEM.R. 5K, P.O. Box 30667, Knoxville, TN 37930-0667
CHECK # _____	Make Check Payable to: LEM.R. 5K
Information or Registration – www.knoxlemr.com	

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release & discharge any and all rights & claims for damages & causes of suit or action known or unknown, that we may have against **LEM.R.**, Total Race Solutions, Inc., the Run and See Tennessee Grand Prix, RunnerReg, and all other political entities, all independent contractors & construction firms working on or near the course, all event officials & volunteers, & all sponsors of the race, & related race events & their officers, directors, employees, agents & representatives, successors, & assigns, for any and all injuries that may be suffered by me in this event. I attest that I am physically fit, am aware of the dangers & precautions that must be taken when running in warm or cold conditions, & have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the run. I further assume and will pay my own medical & emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses. Further, I hereby grant full permission to **LEM.R.** or agents hereby authorized by them, to use any photographs, videotapes, motion pictures, recording, or any other record of this event for any legitimate purpose at any time. By furnishing my email address, I acknowledge that I authorize **LEM.R.** to include me on mass emails concerning the **LEM.R.** event. I understand that my personal data will not be shared with any other entity without my express written approval. I further understand that there are no entry refunds, exchanges, transfers or rollovers, and that the event may be cancelled due to severe weather conditions, natural disasters, or threats to local and national security including suspected terrorist activity. I understand if I use a MP3 player, IPOD, headset, cell phone or other electronic device while participating in the event, I will do so in a reasonable manner using common sense and awareness of those around me. I agree that the laws of the state of Tennessee apply to this contract and waiver and that the only proper venue for any legal action is Knox County, Tennessee. I have read this waiver carefully & understand it.

Participant's Signature _____

Parent/Guardian if under 18 _____

Date _____

This event will occur rain or shine.