

**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 11/2/2024**



In consideration of my participation in the RUN for your LUNGS 5K run, 1 mile fun walk, volunteering or being a spectator anytime 11/1/2024 - 11/2/2024, 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.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

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

**REGISTER ONLINE @**

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

**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**